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LICENSE NUMBER: 038	800001		(	CITY OR T	OWN	FALL RIV	'ER
APPLICATION FOR REI	NEWAL:	Annı	ual	]	LICENS	SED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: PRI	NCE HENRY	S INC.					
DOING BUSINESS A O	GIL						
ADDRESS 913-15 COU	NTY ST.						
CITY/TOWN: FALL RI	VER	STATE:	MA	ZIP CO	DE:	02720	
MANAGER: SOUSA, FELISBEI		PE OF LICEN	ISE: Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASI	E ALSO VISIT OUR W	VEBSITE AND ENTER	R YOUR EMA	IL ADDRESS			
DESCRIPTION OF LICE							
3 ROOMS & COOLER O IN STORAGE ROOM ON			A ONE ST	ORY BLE	OG. STO	ORAGE FO	R STOCK
I hereby certify and swear	under penaltie	s of perjury th	at:				
1. the renewed lic	ense will be of	the same type	for the sa	me premis	es now	licensed;	
2. the licensee has	s complied with	h all laws of th	e Commo	nwealth re	lating to	taxes; and	
3. the premises ar	e now open for	r business (If n	ot explair	below)			
SIGNED BY							
Ind	ividual, Partne	r or Authorize	d Corpora	te Officer			
DATE:	TELEPHON	NE NUMBER:					TION NUMBER:
				(Note: <u>I</u>	NOT Ind	ividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building in	spector and t	he head o	of the fire o	departr	nent for the	e above
Please Check Below:				LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUME	BER: 038800002		CITY OR TOWN FALL F	RIVER
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAM	IE: OLIVESOS,	INC.		
DOING BUSINE	SS A TERRA N	OSTRA		
ADDRESS 262 R	RODMAN STREE	ET		
CITY/TOWN: F	FALL RIVER	STATE: MA	ZIP CODE: 02721	
	LIVEIRA, GOSTINHO	TYPE OF LICENSE: Res	staurant CATEGOR	XY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION (				
THREE ROOMS AND CELLAR	ON THE FIRST	FLOOR OF A FOUR STO	RY BLDG STORAGE IN O	NE ROOM
I hereby certify ar	nd swear under pe	nalties of perjury that:		
1. the ren	newed license will	be of the same type for the	same premises now licensed;	
2. the lice	ensee has complie	ed with all laws of the Comr	nonwealth relating to taxes; a	nd
3. the pre	emises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpo	orate Officer	
DATE:			ENDLOYED IDENTIFIE	CATION NUMBER
DATE.	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004, sig	ned by the build	ing inspector and the head	e certificate required by Ch I of the fire department for	the above
of 2010.	na (2) the certific	cate of inquor nability insu	rance required by Chapter	110 of the Acts
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	xplain)			
			<u>-</u>	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:		
THE ELECTRICITY OF RELIGIOUS.	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BEACON LIGHT	TAVERN	
DOING BUSINESS A		
ADDRESS 320 AIRPORT RD		
CITY/TOWN: FALL RIVER	STATE: MA ZI	P CODE: 02720
MANAGER: BINGELL, TYPE ALFRED B.	PE OF LICENSE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		
	EBSITE AND ENTER YOUR EMAIL ADD	RESS
DESCRIPTION OF LICENSED PREMIS ONE ROOM IN BASEMENT, LOUNGE TWO ROOMS ON SECOND FLOOR, S' FLOOR. TWO STORY BLDG.	E & TWO ROOMS ON 1ST.	
I hereby certify and swear under penalties	s of perjury that:	
1. the renewed license will be of	**	
2. the licensee has complied with		•
3. the premises are now open for	business (If not explain belo	ow)
SIGNED BY		
	or Authorized Corporate Of	ficer
	or Authorized Corporate Of	ficer
	or Authorized Corporate Of	ficer
Individual, Partner	or Authorized Corporate Of	EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner	IE NUMBER:	
Individual, Partner	IE NUMBER:  e in possession (1) the certification is spector and the head of the	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	TE NUMBER:  e in possession (1) the certification is pector and the head of the filiquor liability insurance is section.	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	TE NUMBER:  e in possession (1) the certification is pector and the head of the filiquor liability insurance is section.	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above required by Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	TE NUMBER:  e in possession (1) the certification is preceded in the spector and the head of the fliquor liability insurance is the second in	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above required by Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	TE NUMBER:  e in possession (1) the certification is preceded in the spector and the head of the fliquor liability insurance is the second in	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above required by Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:  DISAPPROVED:	TE NUMBER:  e in possession (1) the certification is preceded in the spector and the head of the fliquor liability insurance is the second in	EMPLOYER IDENTIFICATION NUMBER: Note: NOT Individual Social Security Number) icate required by Chapter 304 of the fire department for the above required by Chapter 116 of the Acts



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LICENSE NUMBER: 038800005	5	CITY OR TOWN FALL RIVER	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: JOE'S PLA	ACE INC		
DOING BUSINESS A FERNAN	NDO'S PLACE		
ADDRESS 92 ALDEN ST			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02723	
MANAGER: CARVALHO, LEONARD	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcoh	ıol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FOUR ROOMS ON FIRST FLOBEHIND KITCHEN	OR OF A TWO STORY BLI	OG. STORAGE IN SEPARATE ROOM	
I hereby certify and swear under j	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	same premises now licensed;	
2. the licensee has compl	lied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	ain below)	
SIGNED BY			
Individual	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
		(Note: NOT Individual Social Security Numb	er)
Acts of 2004, signed by the buil	lding inspector and the head	e certificate required by Chapter 304 of the life of the fire department for the above rance required by Chapter 116 of the Act	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMI	BER: 038800006		CITY OR TOWN FALL RIV	'ER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAN	ME: L & J BAKERY BE	RAZILIAN FOOD C	ORP	
DOING BUSINE	ESS A			
ADDRESS 1524	PLEASANT STREET			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02720	
	ALMEIDA,LUCINE TYP A D.	E OF LICENSE:Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	_
	OF LICENSED PREMIS			
KFIRST FLOOR BATHROOM.	R EATING AREA,5 TAB	LES, 4 SEATS,KITO	CHEN/STOREROOM / OFFICE	E AND
I hereby certify a	and swear under penalties	of perjury that:		
1. the real	newed license will be of t	he same type for the	same premises now licensed;	
2. the lic	censee has complied with	all laws of the Comp	nonwealth relating to taxes; and	
3. the pr	remises are now open for l	business (If not expla	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:				
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
			( Mariau Souli	security ( variable)
Acts of 2004, sig	gned by the building ins	pector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 110	e above
Please Check Below:	<u>:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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LICENSE NUM	MBER: 038800007		CITY OR TOWN	FALL RIVER	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	AR
LICENSEE NA	ME: LINDO'S RESTAU	RANT INC.			
DOING BUSIN	NESS A				
ADDRESS 160	ALDEN STREET				
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02723	
MANAGER:	Prates, Aparecido A. TYP	E OF LICENSE:	Club CA	ATEGORY: A	ll Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	ES:			
	Γ. & 111 CASH ST. KITC BUILDING STORAGE IN		ROOMS ON THE FIR	RST FLOOR OF	A
I hereby certify	and swear under penalties	of perjury that:			
1. the 1	renewed license will be of t	he same type for the	ne same premises now	licensed;	
	icensee has complied with		•	o taxes; and	
3. the p	premises are now open for	business (If not exp	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	e NIIMBED:	EMPLOYER	R IDENTIFICATION	NUMBER:
	TELEFHONI	E NUMBER.		lividual Social Secur	
We the under	signed, attest that we are	in possession (1)	he certificate require	ed by Chapter 3	304 of the
Acts of 2004, s	signed by the building ins	pector and the he	ad of the fire departi	ment for the abo	ove
named license of 2010.	and (2) the certificate of	liquor liability in	surance required by	Chapter 116 of	the Acts
Please Check Belo APPROVED:	<u>w:</u>		LOCAL LICENS	SING AUTHORI	TY
DISAPPROVE	D:		By:		
(If disapproved					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)	



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LICENSE NU	MBER: 038800008		CITY OR TOWN FALL RI	IVER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: SANTA CEC	CILIA, INC		
DOING BUSI	NESS A			
ADDRESS 29	3 ALMOND ST			
CITY/TOWN:	: FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER:	MEDEIROS, ALBANO	TYPE OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
-	N OF LICENSED PF			
2 ROOMS ON ROOM ON FI		D SECOND FLOOR OF A	2 STORY BLDG. STORAGE	E IN
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comr	nonwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
			(1000. 1001 Individual Socia	ii Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Cha I of the fire department for the rance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0388	00009	CITY OR TOWN FALL RIVER				
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR	2013			
	CLASS		YEAR			
LICENSEE NAME: JOH! DOING BUSINESS A ADDRESS 384 THIRD ST	N FOSTER STAFFORD POST 3	14 AMERICAN LEGION				
CITY/TOWN: FALL RIV		ZIP CODE: 02720				
MANAGER: ROY,FRAN EMAIL ADDRESS:	TYPE OF LICENSE: V		: All Alcohol			
DESCRIPTION OF LICEN						
<ol> <li>the renewed lice</li> <li>the licensee has</li> </ol>	nder penalties of perjury that: nse will be of the same type for the complied with all laws of the Con now open for business (If not exp	nmonwealth relating to taxes; and	I			
SIGNED BY Indiv	ridual, Partner or Authorized Corp	oorate Officer				
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social				
Acts of 2004, signed by th	et that we are in possession (1) to e building inspector and the hea certificate of liquor liability ins	nd of the fire department for th	e above			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY			
		-				
DATE:						



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LICENSE NUMBER:	038800011		CITY	OR TOWN	FALL RIVI	ER
APPLICATION FOR	RENEWAL:	Annua	.1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A	4486 VETS OF FO					
ADDRESS 486 BEDI		COT A TOP	<b>)</b> ( ) ( )	D CODE	02720	
CITY/TOWN: FALL				IP CODE:	02720	
MANAGER: TRIPF	P, RONALD P. TYPE	OF LICENS	E: Veterans c	club C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF L 2 ROOMS ON THE F		S:			BASEMENT	
I hereby certify and sw 1. the renewed 2. the licensed		f perjury that e same type f ll laws of the	or the same p	oremises now	licensed;	
SIGNED BY	Individual, Partner o	r Authorized	Corporate Of	fficer		
DATE:	TELEPHONE	NUMBER:	(		R IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the	e head of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	 n)					
The second secon	,					
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED BY LICI	ENSEES DURING	THE MONTH OF	F NOVEMBER (M	1.G.L. Ch. 138 \$ 16	jA)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	138800013	C	IIY OR IOWN FALL RIV	EK
APPLICATION FOR R	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 21 LINDSE	MESA 21			
CITY/TOWN: FALL	RIVER STA	ATE: MA	ZIP CODE: 02720	
MANAGER: SOUSA	, DANIEL TYPE OF L	ICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAI	LADDRESS	
DESCRIPTION OF LIC		DENTER TOOK ENTE	L'ADDRESS	
ADDING OUTSIDE A	REA FOR SEATING.			
<ol> <li>the renewed</li> <li>the licensee</li> </ol>		e type for the sa s of the Commo	me premises now licensed; nwealth relating to taxes; and below)	
SIGNED BY	ndividual, Partner or Auth	orized Corpora	te Officer	
DATE:	TELEPHONE NUM	BER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social	
Acts of 2004, signed b	y the building inspector	and the head o	ertificate required by Chap f the fire department for the nce required by Chapter 11	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	8800015		CITY OR	TOWN	FALL RIV	ER
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	\$			YEAR
LICENSEE NAME: BII	LLYS CAFE INC	ORPORATED	)			
DOING BUSINESS A B	ILLY'S CAFE					
ADDRESS 663 BEDFOR	RD ST					
CITY/TOWN: FALL RI	VER	STATE:	MA ZIP C	ODE:	02720	
MANAGER: GAGNE,	RACHEL TYPI	E OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE TWO ROOMS ON FIRS' I hereby certify and swear  1. the renewed lice 2. the licensee has 3. the premises and SIGNED BY	T FLOOR OF A 'cunder penalties of the cense will be of the complied with a	ES: TWO STORY of perjury that: ne same type for all laws of the Cousiness (If not	BLDG. CELLA or the same prem Commonwealth of explain below)	ises now relating to	licensed;	
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
We the undersigned, att Acts of 2004, signed by named license and (2) the foliation of 2010.  Please Check Below:	the building insp	ector and the	head of the fire insurance requ	e departi iired by	nent for the Chapter 116	above of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 038800016		CI	TY OR TOW	N FALL RIV	ER
APPLICATION FO	APPLICATION FOR RENEWAL: Annual			LIC	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME	E: KEVIN TOBIA	Z, ROBERT ALE	IN & JOI	HN ALBIN		
DOING BUSINES	S A STRAIGHT S	HOOTERS				
ADDRESS 288 PL	YMOUTH AVE					
CITY/TOWN: FA	ALL RIVER	STATE:	MA	ZIP CODE:	02720	
MANAGER:	7	TYPE OF LICENS	SE:Restau	rant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION O	F LICENSED PRE	MISES:				
ONE ROOM SECO	OND FLOOR FOU	R STORY BLDG	. STORA	GE IN ST OI	RAGE ROOM.	
I hereby certify and	d swear under penal	ties of perjury that	•			
	ewed license will be			_		
	nsee has complied v				ng to taxes; and	
3. the pren	nises are now open	for business (If no	t explain	below)		
SIGNED BY			_			
	Individual, Part	ner or Authorized	Corporate	e Officer		
DATE:	TELEPH	ONE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sign	ned, attest that we ned by the building d (2) the certificate	inspector and th	e head of	the fire depa	artment for the	above
Please Check Below:			I	LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved exp	olain)		-			
			-			
DATE						
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800017		CITY OR TOWN	FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MARTINJ LLC DOING BUSINESS A JC'S RESTAURA	ANT & CAFÉ		
ADDRESS 1050 BEDFORD ST			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02723
MANAGER: CAMARA, JOHN L. TY	PE OF LICENSE: Rest	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	/EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI	SES:		
KITCHEN AND TWO RMS ON THE F BASEMENT FOR STOCK.	IRST FLOOR. 1 STO	RY BLDG. SEPAR	ATE ROOM IN
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of		_	
2. the licensee has complied with		_	taxes; and
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
	r or Authorized Corpor	rate Officer	
Individual, Partner			
Individual, Partner	r or Authorized Corpor	EMPLOYER	IDENTIFICATION NUMBER:
Individual, Partner		EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)
Individual, Partner	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indicertificate require of the fire department)	vidual Social Security Number)  d by Chapter 304 of the nent for the above
DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Indicertificate requires of the fire department of the fire departmen	vidual Social Security Number)  d by Chapter 304 of the nent for the above
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: <u>NOT</u> Indicertificate requires of the fire department of the fire departmen	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indicertificate require of the fire department of the LOCAL LICENS	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indicertificate require of the fire department of the LOCAL LICENS	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Individual, Partner  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the spector and the head	EMPLOYER (Note: NOT Indicertificate require of the fire department of the LOCAL LICENS	d by Chapter 304 of the nent for the above Chapter 116 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 038800019	CITYO	R IOWN FALL RIV	EK
APPLICATION FOR	R RENEWAL: An	nual	LICENSED FOR 2	013
	CL	ASS		YEAR
LICENSEE NAME:	DUNAHEAD,INC.			
DOING BUSINESS	A FIORE'S BAR & GRILL			
ADDRESS 483-89 E	BRAYTON AVE			
CITY/TOWN: FAL	L RIVER STATE	: MA ZIP	CODE: 02721	
MANAGER: FIOR	RE, ADRIANNE TYPE OF LICE	NSE:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
ļ	PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRES	SS	_
DESCRIPTION OF	LICENSED PREMISES:			
ONE ROOM ON TH	IE FIRST FLOOR OF A TWO S	TORY BLDG. ST	ORAGE IN BASEME	NT
I hereby certify and s	wear under penalties of perjury t	hat:		
	ed license will be of the same typ			
	ee has complied with all laws of			
3. the premi	ses are now open for business (If	not explain below)	)	
SIGNED BY				
SIGNED D1	Individual, Partner or Authoriz	ed Corporate Offic	cer	
		Г		
DATE:	TELEPHONE NUMBER	Λ.	EMPLOYER IDENTIFICA	
		(No	te: NOT Individual Social S	Security Number)
We the undersigned	d, attest that we are in possession	on (1) the certifica	ate required by Chapt	ter 304 of the
Acts of 2004, signed	d by the building inspector and	the head of the fi	re department for the	above
of 2010.	(2) the certificate of liquor liab	ility insurance rec	quired by Chapter 110	6 of the Acts
Please Check Below:		LOGA		ODITIV
APPROVED:			L LICENSING AUTH	ORITY
DISAPPROVED:		Ву:		
(If disapproved expla	nin)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038800024		CITY OR TOWN	FALL RIVER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: MICKEY DOYLE'S	S INC		
DOING BUSIN	NESS A Mickey Doyle's Sp	ports Pub		
ADDRESS 380	RHODE ISLAND AVEN	UE		
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02723
MANAGER:	MOREIRA, TYP MICHAEL A.	E OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
AND THROUG	SQ FT, EMERGENCY EX GH REAR HALL NEAR R STORAGE ROOM. BAR	ESTROOMS, STO	RAGE LOCATED II	
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of t	he same type for the	e same premises now	licensed;
2. the l	licensee has complied with	all laws of the Com	monwealth relating to	o taxes; and
3. the 1	premises are now open for	business (If not expl	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT III)	lividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the hea	d of the fire departi	ment for the above
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800025		CITY OR TO	WN FALL RIV	'ER
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			: COFFEE SHOP		
ADDRESS 85 COLUM	MBIA ST				
CITY/TOWN: FALL	RIVER	STATE: M	IA ZIP CODE	E: 02720	
MANAGER: FERNAROSA		YPE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREM	ISES:			
3. the premise SIGNED BY	s are now open fo	or business (If not e		ing to taxes, and	
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA Individual Social S	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building i	nspector and the l	nead of the fire dep	partment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER	:038800026		CITY OR TO	WN FALL RIV	/ER
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DE SA COMPAI	NY, INC.			
DOING BUSINESS	A COLUMBIA T	AVERN			
ADDRESS 144 COL	UMBIA ST.				
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE	E: 02721	
MANAGER: SA, D	OAVID DE T	YPE OF LICENSE: C	ommercial club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
KITCHEN AND TW FOR STOCK IN CO		HE FIRST FLOOR O	F A THREE STO	ORY BLDG. STO	ORAGE
I hereby certify and sy	wear under penalti	es of perjury that:			
1. the renewe	ed license will be o	of the same type for th	ne same premises	now licensed;	
2. the license	e has complied wi	th all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premis	es are now open for	or business (If not exp	olain below)		
SIGNED BY	Individual Partn	er or Authorized Corp	norate Officer		
	individual, i artif	er or rumorized corp	portite officer		
DATE:	TEI EDUO	NE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TELETHO	THE NUMBER.		T Individual Social	
XX 4b 1 2	1 -444414	(1) 4	1		4 204 - 641 -
		re in possession (1) t inspector and the he			
named license and ( of 2010.	2) the certificate	of liquor liability ins	surance required	by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
APPLICATION FOR RENEW	'AL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NU	MBER: 038800028		CITY OR TOWN FALL RIV	VER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: LATINO'S CA NESS A 6 COUNTY ST.	AFE, INC		
	FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER:	GUERRA, RAOSBEL	TYPE OF LICENSE: Re		: All Alcohol
EMAIL ADDI	RESS:			
2 ROOMS ON I hereby certify 1. the 2. the	y and swear under pen- renewed license will b licensee has complied	OF A ONE STORY BL alties of perjury that: be of the same type for the	DG. CELLAR FOR STORAGE e same premises now licensed; amonwealth relating to taxes; and lain below)	l
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	ng inspector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	D BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUN	MBER: 038800029	(	CITY OR TOWN FALL R	IVER
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ATENEU LUSO	AMERICANO, INC.		
DOING BUSIN	NESS A			
ADDRESS 120	) COVEL ST.			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER:	CABRAL, TY MANUEL SOARES	YPE OF LICENSE: Club	CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	<u></u>
	N OF LICENSED PREM			
	T AND 2 ROOMS ON F Y BLDG. STORAGE IN		NE ROOM ON SECOND FL	OOR OF A
I hereby certify	and swear under penaltic	es of perjury that:		
1. the 1	renewed license will be o	of the same type for the s	ame premises now licensed;	
2. the l	licensee has complied with	th all laws of the Commo	onwealth relating to taxes; an	d
3. the 1	premises are now open for	or business (If not explain	n below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpora	ate Officer	
D . TT				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
			(Note: NOT marvidual Socia	a Security Number)
Acts of 2004, s	signed by the building i	nspector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
			_	
DATE:				



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LICENSE NUM	MBER: 038800030		CIT	TY OR TOWN	FALL RIVI	ER
APPLICATION	FOR RENEWAL:	Annu	ıal	LICENS	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NA	ME: AMERICAN VE	ΓS WORLD W	AR II AMV	ETS POST #60	, INC.	
DOING BUSIN	TESS A					
ADDRESS 175	DANFORTH ST.					
CITY/TOWN:	FALL RIVER	STATE:	MA	ZIP CODE:	02720	
MANAGER:	MELLO, JOHN J. TY	PE OF LICEN	SE: Veteran	s club CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL A	ADDRESS		
	OF LICENSED PREM					
	S ON FIRST FLOOR OF ORAGE ROOM-RESTI			STORAGE FOR	R STOCK IN	A
I hereby certify	and swear under penaltie	es of perjury tha	ıt:			
	enewed license will be of			=		
	icensee has complied wit			C	taxes; and	
3. the p	premises are now open fo	r business (If n	ot explain b	elow)		
CICNED DV						
SIGNED BY	Individual, Partne	er or Authorized	d Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
<b>Acts of 2004, s</b>	signed, attest that we ar igned by the building in and (2) the certificate (	nspector and tl	he head of t	the fire departr	nent for the	above
Please Check Belov	<u>v:</u>		L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVE (If disapproved			_			
(II disupproved	enpium)					
						_
DATE:			_			
APPLICATION FOR I	RENEWAL MUST BE FILED BY	LICENSEES DURIN	G THE MONTH	I OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	jA)



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	CITY OR TOWN FALL RI	VER
Annual	LICENSED FOR	2013
CLASS		YEAR
TATION		
STATE: MA	ZIP CODE: 02720	
OF LICENSE: Res	staurant CATEGORY	: All Alcohol
TE AND ENTER YOUR EN	MAIL ADDRESS	
S:		
THREE STORY B	LDG. STORAGE IN CELLAR	2
perjury that:		
same type for the	same premises now licensed;	
laws of the Comn	nonwealth relating to taxes; and	1
siness (If not expla	ain below)	
Authorized Corpo	orate Officer	
NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
ctor and the head	l of the fire department for th	ne above
	LOCAL LICENSING AUT	HORITY
	By:	
	-	
NSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	5 16A)
	CLASS TATION  STATE: MA OF LICENSE: Res TE AND ENTER YOUR ENTER S: CHREE STORY B perjury that: same type for the laws of the Commisiness (If not explain the commission that the commissio	Annual CLICENSED FOR CLASS  TATION  STATE: MA ZIP CODE: 02720  OF LICENSE: Restaurant CATEGORY  THE AND ENTER YOUR EMAIL ADDRESS SE: CHREE STORY BLDG. STORAGE IN CELLAR perjury that: same type for the same premises now licensed; laws of the Commonwealth relating to taxes; and siness (If not explain below)  Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social possession (1) the certificate required by Chapter 1:  LOCAL LICENSING AUTHORS



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	CITY OR TOWN FALL RIVER	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
RPRISES, INC.		
Y RESTAURANT		
STATE: MA	ZIP CODE: 02720	
PE OF LICENSE: Re	staurant CATEGORY: All Alcohol	
EBSITE AND ENTER YOUR E	MAIL ADDRESS	
SES:		
E FIRST FLOOR OF	F A THREE STORY BLDG. STORAGE	
of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Com	monwealth relating to taxes; and	
business (If not expl	ain below)	
or Authorized Corpo	orate Officer	
		7
		_
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
spector and the head	d of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	CLASS RPRISES, INC. ( RESTAURANT  STATE: MA PE OF LICENSE: Re  BESITE AND ENTER YOUR ESES: E FIRST FLOOR OF of perjury that: the same type for the all laws of the Combusiness (If not expl  or Authorized Corporation of Authoriz	CLASS YEAR  RPRISES, INC.  ('RESTAURANT'  STATE: MA ZIP CODE: 02720  PE OF LICENSE: Restaurant CATEGORY: All Alcohol  PESSITE AND ENTER YOUR EMAIL ADDRESS  SES:  E FIRST FLOOR OF A THREE STORY BLDG. STORAGE  of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below)  or Authorized Corporate Officer  E NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) in possession (1) the certificate required by Chapter 304 of the spector and the head of the fire department for the above liquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSED FOR 2013
S YEAR
RP.
MA ZIP CODE: 02720
E:Restaurant CATEGORY: All Alcohol
YOUR EMAIL ADDRESS
DRAGE IN STOCK ROOM AND WALK-IN
:
or the same premises now licensed;
Commonwealth relating to taxes; and
t explain below)
Corporate Officer
Corporate Officer
Corporate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	R: 038800035		CITY	OK TOWN	FALL KIV	EK
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	S & M FALL RI	VER GRILL,INC.				
DOING BUSINESS	A FALL RIVER	GRILL				
ADDRESS 363 SEC	COND STREET					
CITY/TOWN: FA	LL RIVER	STATE: MA	ZII	P CODE:	02720	
MANAGER: SEN	RA, JOSE M. T	YPE OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDR	RESS		
DESCRIPTION OF	LICENSED PREM	IISES:				
FLOOR INCLUDES STAIRWAY ACCE	S DOUBLE DININ SS TO BOTH THE	R. THE DESCRIPTION OF ROOM, BAR,EXTE FRONT OF THE B. SARE 36'X87' THE F	ENSIVE LDG. AN	STORAGE D FIRST F	E AREA,AND LOOR OUT	) TO
I hereby certify and	swear under penalti	es of perjury that:				
• •	•	of the same type for the	ie same pi	remises now	licensed;	
		ith all laws of the Con	-			
		or business (If not exp				
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Off	ficer		
DATE:	TELEPHO	ONE NUMBER:	(1)			TION NUMBER: Security Number)
Acts of 2004, signe	d by the building i	re in possession (1) t inspector and the he of liquor liability ins	ad of the	fire depart	ment for the	above
Please Check Below:			LOC.	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038800037		CITY OR TOWN	FALL RIVER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	WAA CORPORAT A A.J.'S BAR & GR			
ADDRESS 472 EAS	T MAIN ST.			
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE:	02724
MANAGER: ALB	ERNAZ, JOHN TYP	E OF LICENSE: Ro	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
	LICENSED PREMIS			
2 ROOMS ON FIRS CLOSET	T FLOOR OF A THE	REE STORY BLDC	3. STORAGE IN ON	E ROOM AND
<ol> <li>the renew</li> <li>the license</li> </ol>	wear under penalties and license will be of the ee has complied with see are now open for be	he same type for th all laws of the Com	nmonwealth relating t	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building ins	pector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 038800038		CITY OR TOWN	FALL RIV	ER
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: ATLAS PIZZA SS A ATLAS PIZZ ASTERN AVE				
CITY/TOWN: FA		STATE: MA	ZIP CODE:	02723	
					W. 1
MANAGER: VI	LAHOS, JOHN	TYPE OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION C	F LICENSED PRE	EMISES:			
4 ROOMS ON TH	HE FIRST FLOOR	OF A ONE STORY BLI	OG. ONE ROOM U	SED FOR ST	ORAGE
I hereby certify an	d swear under pena	lties of perjury that:			
1. the ren	ewed license will be	e of the same type for the	same premises now	licensed;	
		with all laws of the Com	=		
	•	for business (If not expl	_		
		1	,		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYEI	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	dividual Social S	security Number)
Acts of 2004, sign	ned by the building	are in possession (1) the ginspector and the heate of liquor liability insu	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	plain)				
			-		
DATE:					



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LICENSE NU	MBER: 038800040		CITY OR TOWN FALL RIV	/ER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI	AME: BELMONT CL NESS A FRANKLIN ST.	UB INC.		
			71D CODE 02700	
	: FALL RIVER	STATE: MA		
MANAGER:	POIRIER, PRISCILLA	ГҮРЕ OF LICENSE: <mark>R</mark> e	estaurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:	_		
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
FOUR ROOM	IS ON THE FIRST FLC	OOR OF A THREE STO	ORY BLDG CELLAR FOR STO	RAGE
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for th	e same premises now licensed;	
2. the	licensee has complied v	vith all laws of the Com	nmonwealth relating to taxes; and	
3. the	premises are now open	for business (If not exp	lain below)	
SIGNED BY	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	inspector and the hea	he certificate required by Chap ad of the fire department for the urance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
OISAPPROVI (If disapproved)				
DATE:			_	
APPLICATION FOI	R RENEWAL MUST BE FILED I	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 038800043	C	ITY OR TOWN FALL RIV	/ER
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: ST. ANNE'S	FRATERNITY, INC.		
DOING BUSI	NESS A			
ADDRESS 14	4 GUILD ST.			
CITY/TOWN	: FALL RIVER	STATE: MA	ZIP CODE: 02724	
MANAGER:	ARSENAULT, DONALD	TYPE OF LICENSE: Club	CATEGORY	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
-	N OF LICENSED PF			
4 ROOMS ON STORAGE	N FIRST FLOOR OF	A TWO STORY BLDG. ON	E ROOM ON SECOND FLO	OR FOR
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	me premises now licensed;	
2. the	licensee has complie	d with all laws of the Commo	nwealth relating to taxes; and	
3. the	premises are now op	en for business (If not explain	below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpora	te Officer	
DATE:	TELER	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) the c ng inspector and the head o ate of liquor liability insura	f the fire department for the	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	IORITY
APPROVED:			Ву:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				



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LICENSE NUMB	ER: 038800044		CITY OR TOWN FALL	RIVER
APPLICATION F	OR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	E: 99 WEST. INC	C		
DOING BUSINES	SS A 99 RESTAU	RANT-PUBS		
ADDRESS 203 P	LYMOUTH AVE			
CITY/TOWN: F	ALL RIVER	STATE: MA	ZIP CODE: 02724	4
	ANGUAY,LISA ARIE	TYPE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRI			
2 ROOMS ON FII ROOM.	RST FLOOR OF 5	STORY BLDG WITH S	TORAGE IN SEPERATE S	TORAGE
I hereby certify an	d swear under pena	alties of perjury that:		
1. the ren	ewed license will b	e of the same type for the	e same premises now licensed	d;
2. the lice	ensee has complied	with all laws of the Com	monwealth relating to taxes;	and
3. the pre	mises are now oper	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:		FICATION NUMBER:
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004, sign	ned by the buildin	g inspector and the hea	ne certificate required by C d of the fire department for urance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING AU	UTHORITY
APPROVED:			By:	
DISAPPROVED:	-1-:-)			
(If disapproved ex	piaiii)			
DATE:				



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LICENSE NUMBER	R: 038800045		CITY OR	TOWN	FALL RIV	ER
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 233 HOL		RTS CLUB INC				
CITY/TOWN: FAI		STATE: N	1A ZIP C	ODE:	02721	
	CHADO, LUIS TYP					All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YO			ATEGORI.	
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of the discense will be of the discense will be of the discense with a ses are now open for the discense are now open for the discense are now open for the discense with the discense are now open for the discense are now open for the discense with the discense are now open for the di	he same type for all laws of the C	ommonwealth r			
SIGNED BY	Individual, Partner	or Authorized C	orporate Office	r		
DATE:	TELEPHONE	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are id by the building insp (2) the certificate of l	pector and the	head of the fire	e departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL By:	LICENS	SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING T	HE MONTH OF NOV	EMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUN	MBER: 038800046		CITY OR TOWN	FALL RIVE	ER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: SANTO CHRISTO	CLUB INC.			
DOING BUSIN	IESS A				
ADDRESS 387	HOPE ST.				
CITY/TOWN:	FALL RIVER	STATE: N	ZIP CODE:	02721	
MANAGER:	Ferreira, Domingos J TYP	E OF LICENSE	:Club C.	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMIS	ES:			
KITCHEN ANI CLOSET ON F	D TWO ROOMS ON FIRS IRST FLOOR	ST FLOOR OF A	A ONE STORY BLDG.	STORAGE I	N
I hereby certify	and swear under penalties	of perjury that:			
1. the r	enewed license will be of t	he same type for	the same premises now	licensed;	
	icensee has complied with		_	o taxes; and	
3. the p	premises are now open for	ousiness (If not e	explain below)		
CICNED DV					
SIGNED BY	Individual, Partner	or Authorized C	orporate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	dividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the	head of the fire depart	ment for the	above
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved	<del></del>				
,	r,				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING T	HE MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16	(A)



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LICENSE NUM	MBER: 038800048		CIT	ΓY OR TOWN	FALL RIVI	ER
APPLICATION	N FOR RENEWAL:	Annua	1	LICE	NSED FOR 20	)13
		CLAS	S			YEAR
DOING BUSIN	ME: PLAYOFFS PUB LINESS A REVIVE NIGHT OF STREET	CLUB & LOU	NGE			
CITY/TOWN:	FALL RIVER	STATE:	MA	ZIP CODE:	02724	
MANAGER:	O'CONNOR,BRETT TYPI	E OF LICENS	E:Restaur	ant C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
First and Secon	PLEASE ALSO VISIT OUR WEE N OF LICENSED PREMISE d floor of building	ES:		ADDRESS		ı
1. the r 2. the l	and swear under penalties of renewed license will be of the icensee has complied with a premises are now open for b	ne same type for all laws of the	or the sam Commony	wealth relating		
SIGNED BY	Individual, Partner o	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004, s	signed, attest that we are i signed by the building insp and (2) the certificate of l	pector and the	e head of t	the fire depar	tment for the	above
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:			OCAL LICEN y:	SING AUTHO	ORITY
DATE:			_			
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DURING	THE MONTE	H OF NOVEMBER (	M.G.L. Ch. 138 \$ 16	5A)



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•	CITY OR TOWN FALL RI	VER
Annual	LICENSED FOR	2013
CLASS		YEAR
FE, INC.		
RESTAURANT		
Γ		
STATE: MA	ZIP CODE: 02724	
TYPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	<u> </u>
EMISES:		
		D
alties of perjury that:		
e of the same type for the s	ame premises now licensed;	
with all laws of the Comme	onwealth relating to taxes; and	I
n for business (If not explai	n below)	
rtner or Authorized Corpor	ate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Social	Security Number)
g inspector and the head	of the fire department for th	e above
	LOCAL LICENSING AUTI	HORITY
	By:	
		<del></del>
	Annual CLASS  TE, INC.  RESTAURANT  STATE: MA  TYPE OF LICENSE: Rest  UR WEBSITE AND ENTER YOUR EM/ EMISES: THE FIRST FLOOR OF A ON THE FIRST FLOOR Ilties of perjury that: e of the same type for the s with all laws of the Common for business (If not explain  extreme or Authorized Corporation of the Second Sec	CLASS  TE, INC.  RESTAURANT  STATE: MA ZIP CODE: 02724  TYPE OF LICENSE: Restaurant CATEGORY  UR WEBSITE AND ENTER YOUR EMAIL ADDRESS  EMISES:  THE FIRST FLOOR OF A THREE STORY BLDG AND ON THE FIRST FLOOR OF A ONE STORY  Idies of perjury that:  the of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and on for business (If not explain below)  Therefore Therefore Therefore The Story Bland And The Story Bland A



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LICENSE NUI	MBER: 038800051		CITY OR TOWN	FALL RIVER	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	AR .
LICENSEE NA	AME: LENAMACRAI INC	•			
DOING BUSI	NESS A TONIQ LOUNGE				
ADDRESS 27	7 SOUTH MAIN STREET				
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER:	GOUVEIA, JOSE O. TYPE	OF LICENSE: Re	staurant CA	ATEGORY: All	Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
-	N OF LICENSED PREMISE				
FRONT OF BU	0 SF ON GROUND LEVEL UILDING AND 1 EXIT IS L ND LAVS, KITCHEN, OFF	OCATED AT TH	E REAR OF BUILD	INGDINING A	REA,
I hereby certify	and swear under penalties o	f perjury that:			
	renewed license will be of the		=		
	licensee has complied with a		_	taxes; and	
3. the	premises are now open for bu	isiness (If not expl	ain below)		
SIGNED BY					
SIONED DI	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION 1	NUMBER:
			(Note: NOT Ind	ividual Social Securit	y Number)
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the head	l of the fire departi	nent for the abov	ve
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORIT	Ϋ́
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capiani)				
					<del></del>
DATE:					



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	CITY OR TOWN FALL RIVER	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
LC		
STATE: MA	ZIP CODE: 02720	
OF LICENSE: Res	staurant CATEGORY: All Alcohol	
SITE AND ENTER YOUR EM	MAIL ADDRESS	
ES:		
ST FLOOR OF A 3	3 STORY BLDG. CELLAR FOR	
f perjury that:		
e same type for the	same premises now licensed;	
ll laws of the Comn	nonwealth relating to taxes; and	
usiness (If not expla	ain below)	
r Authorized Corpo	orate Officer	
		]
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
ector and the head	l of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	CLASS  LC  STATE: MA  COF LICENSE: Res  SITE AND ENTER YOUR EA  ES: ST FLOOR OF A 3  If perjury that: e same type for the ll laws of the Commusiness (If not explain a commusiness)  If possession (1) the ector and the head	Annual LICENSED FOR 2013 CLASS YEAR  LC  STATE: MA ZIP CODE: 02720  COF LICENSE: Restaurant CATEGORY: All Alcohol  SHE AND ENTER YOUR EMAIL ADDRESS  SS: ST FLOOR OF A 3 STORY BLDG. CELLAR FOR  If perjury that: e same type for the same premises now licensed; ll laws of the Commonwealth relating to taxes; and usiness (If not explain below)  T Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  In possession (1) the certificate required by Chapter 304 of the ector and the head of the fire department for the above iquor liability insurance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBE	R: 038800053		CIT	ΓY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 520 LO		ER OF EAG	LES #570			
CITY/TOWN: FA	LL RIVER	STATE:	MA	ZIP CODE:	02720	
MANAGER: ME	LLO, KEITH A. TYPE	OF LICENS	SE:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF ENTIRE BUILDIN	LICENSED PREMISE G	ES:				
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penalties of wed license will be of the see has complied with a ises are now open for b	e same type ll laws of the	for the same Commony	wealth relating		
SIGNED BY	Individual, Partner o	r Authorized	Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and th	e head of t	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)			OCAL LICEN y:	ISING AUTHO	ORITY
DATE:			_			
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING	THE MONTE	H OF NOVEMBER (	(M.G.L. Ch. 138 \$ 16	5A)



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APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: LE PAGE'S SEAFOOD, INC.  DOING BUSINESS A  ADDRESS 439 MARTINE ST.  CITY/TOWN: FALL RIVER  STATE: MA  ZIP CODE: 02723  MANAGER: LEPAGE, ERIC  TYPE OF LICENSE: Restaurant  CATEGORY: All Alcoh  EMAIL ADDRESS:  PLANE ALSO VISIT OUR WERSTIE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER,  18X12 COOLER AND STORAGE ROOM  1 hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:  DISAPPROVED:  UTITIES TO AND THE AND THE AND THE AND THE AND THE ADDRESS TO THE A	LICENSE NUMBER: 0388000	33	CITY OR TOWN FALL I	XIVEK
LICENSEE NAME: LE PAGE'S SEAFOOD, INC.  DOING BUSINESS A  ADDRESS 439 MARTINE ST.  CITY/TOWN: FALL RIVER STATE: MA ZIP CODE: 02723  MANAGER: LEPAGE, ERIC TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE  FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER,  18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER  (Note: NOT Individual Social Security Numbre Nu	APPLICATION FOR RENEW	AL: Annual	LICENSED FOI	R 2013
DOING BUSINESS A  ADDRESS 439 MARTINE ST.  CITY/TOWN: FALL RIVER STATE: MA ZIP CODE: 02723  MANAGER: LEPAGE, ERIC TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG: 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER,  18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensec has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbrous)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Act of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below: LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   DISAPPROVED:   DISAPPROVED:   GIT disapproved explain)		CLASS		YEAR
MANAGER: LEPAGE, ERIC TYPE OF LICENSE: Restaurant CATEGORY: All Alcoh EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES: FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Act of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:  UNTERING AUTHORITY  By:  DATE:		E'S SEAFOOD, INC.		
MANAGER: LEPAGE, ERIC TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES: FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Act of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UCCAL LICENSING AUTHORITY  By:  DATE:	ADDRESS 439 MARTINE ST.			
EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS   DESCRIPTION OF LICENSED PREMISES:   FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM     I hereby certify and swear under penalties of perjury that:   1. the renewed license will be of the same type for the same premises now licensed;   2. the licensee has complied with all laws of the Commonwealth relating to taxes; and   3. the premises are now open for business (If not explain below)	CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02723	
DESCRIPTION OF LICENSED PREMISES:  FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)	MANAGER: LEPAGE, ERIC	TYPE OF LICENSE: Re	estaurant CATEGOR	RY: All Alcohol
DESCRIPTION OF LICENSED PREMISES:  FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Act of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:	EMAIL ADDRESS:			
FOUR ROOMS, OUTSIDE DECK, WALK IN FREEZER AND COOLER, STOCKROOM ON THE FIRST FLOOR OF A ONE STORY BLDG. 46X12' EXTENSIOM WILL INCLUDE 6X12 FREEZER, 18X12 COOLER AND STORAGE ROOM  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)	PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUMBER:  EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:  [If disapproved explain]	FOUR ROOMS, OUTSIDE DE FIRST FLOOR OF A ONE STO	ECK, WALK IN FREEZER AN ORY BLDG. 46X12' EXTEN		
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  Uff disapproved explain)  DATE:	I hereby certify and swear under	r penalties of perjury that:		
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED: By:  DISAPPROVED: By:  DISAPPROVED: DISAPPR	1. the renewed license	will be of the same type for the	e same premises now licensed	;
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numb  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:   By:  DISAPPROVED:   (If disapproved explain)	2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; a	ınd
Individual, Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUMBER:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbers)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)  DATE:	3. the premises are now	v open for business (If not expl	ain below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)		al, Partner or Authorized Corp	orate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)				
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Act of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  DATE:	DATE: TE	LEPHONE NUMBER:		
APPROVED: By:  DISAPPROVED: Ulif disapproved explain)  DATE:	Acts of 2004, signed by the bunamed license and (2) the cer	uilding inspector and the hea	d of the fire department for	the above
DISAPPROVED: [ [ ] (If disapproved explain) [ ]  DATE:			LOCAL LICENSING AU	THORITY
(If disapproved explain)  DATE:			By:	
DATE:	·			
	(II disupproved explain)			
	DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)			40VEV 0EV0VEVE 2.22	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800058		CHY	OR TOWN	FALL KIV	EK
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	T.A. RESTAURA	NT, INC				
DOING BUSINESS A	A TABACARIA A	COREANA				
ADDRESS 14 MORO	GAN ST.					
CITY/TOWN: FALI	RIVER	STATE: MA	ZI	P CODE:	02721	
MANAGER: SANT	OS, KEVIN TY	PE OF LICENSE: Re	staurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDI	RESS		
DESCRIPTION OF L						
ONE ROOM IN BAS BLDG. STORAGE I		UR ROOMS ON TH	E FIRST	FLOOR O	F A TWO ST	TORY
I hereby certify and sv	vear under penaltie	s of perjury that:				
		the same type for the	•			
	•	n all laws of the Com		Ŭ	to taxes; and	
3. the premise	es are now open for	business (If not expl	ain belo	w)		
CICNED DV						
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Of	ficer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	R IDENTIFICA	TION NUMBER:
			(1	Note: NOT In	dividual Social	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the hea	d of the	fire depart	ment for the	e above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 03880006	50	CITY OR TOWN	FALL RIVE	ER
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: REPUBL DOING BUSINESS A OF THE ADDRESS 1600 N. MAIN ST.				
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: BISPO, JOSE	TYPE OF LICENSE: C	lub CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED	PREMISES:			
FRONT PORTION OF THE BU	JILDING NUMBERED 1600	) N MAIN ST		
I hereby certify and swear under				
	will be of the same type for th	=		
2. the licensee has comp	plied with all laws of the Con	monwealth relating to	o taxes; and	
3. the premises are now	open for business (If not exp	lain below)		
DATE.	al, Partner or Authorized Corp		IDENTIFICATI	ION NUMBER:
123	BEI HOLLE I VOMBER	(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest the Acts of 2004, signed by the bu named license and (2) the cert of 2010.	ilding inspector and the hea	nd of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(11 ofbuppio roa explain)				
				<del></del>
DATE:				
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16.	A)



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LICENSE NUMBER: 038800062	CIT	Y OR TOWN FALL RI	VER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: FALL RIVER DOING BUSINESS A	COUNTRY CLUB		
ADDRESS 4232 N. MAIN ST.			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER: CABRAL, JASON	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRI	OUR WEBSITE AND ENTER YOUR EMAIL A	DDRESS	
2 ROOMS & FOYER IN BASEMEN OUTSIDE DECK ON THE FIRST F FLOOR PLUS AN OUTSIDE DECK FLOOR PLUS A ROOM ON BASE	FLOOR, THREE ROOMS & C K. STORAGE FOR STOCK IN MENT LEVEL.	ORRIDOR ON THE SEC	OND
2. the licensee has complied	alties of perjury that: be of the same type for the same with all laws of the Commonw n for business (If not explain be	realth relating to taxes; and	1
SIGNED BY Individual, Pa	artner or Authorized Corporate	Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	ng inspector and the head of t	he fire department for th	ie above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LC By	OCAL LICENSING AUTI	HORITY
DATE:			



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LICENSE NUMBER: 038800063	CITY	OR TOWN	FALL RIVI	ER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: FALL RIVER LODGE #113 DOING BUSINESS A ELKS CLUB	8 B.P.O.E.			
ADDRESS 4500 NMAIN ST.				
CITY/TOWN: FALL RIVER STA	TE: MA Z	IP CODE:	02720	
MANAGER: MOTTA,STEPHANITYPE OF LI E LEE	CENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND DESCRIPTION OF LICENSED PREMISES: 2 ROOMS AND KITCHEN ON BASEMENT LE			ROOMS ON	N THE
FIRST FLOOR,1 STORY BLDG AND AN ADDI ROOMS ON BOTH LEVELS				
I hereby certify and swear under penalties of perjur	ry that:			
1. the renewed license will be of the same	**			
2. the licensee has complied with all laws		_	taxes; and	
3. the premises are now open for business	(II not explain belo	ow)		
SIGNED BY Individual, Partner or Author	orized Corporate O	fficer		
marvidual, Farmer of Frank	orized Corporate O	meer		
DATE: TELEPHONE NUMB	BER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	•	(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor liquor of 2010.	and the head of the	e fire departr	nent for the	above
Please Check Below:	LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:	By:			
(If disapproved explain)				
DATE:	<del></del>			



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LICENSE NUMBER: 038800067	(	CITY OR TOWN	FALL RIVE	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: John's Pub & Gilda DOING BUSINESS A ADDRESS 16 EAST MAIN ST	s's Place, Inc			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: Costa, John L. TYF	PE OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WI DESCRIPTION OF LICENSED PREMIS KITCHEN AND THREE ROOMS ON T IN BASEMENT FOR STORAGE, WALL	HE FIRST FLOOR OF		BLDG. ONE	ROOM
I hereby certify and swear under penalties  1. the renewed license will be of  2. the licensee has complied with  3. the premises are now open for	the same type for the same all laws of the Commo	nwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpora	te Officer		
We the undersigned, attest that we are Acts of 2004, signed by the building ins	spector and the head o	(Note: <u>NOT</u> Indeertificate require	ividual Social Se ed by Chapte nent for the	er 304 of the above
named license and (2) the certificate of of 2010.	nquor nabinty insura	nice required by	Chapter 110	of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER: 03	8800068		CI	I Y OK TOWN	FALL KIV	EK
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	5			YEAR
LICENSEE NAME: Q DOING BUSINESS A	UEQUECHAN C	CLUB				
ADDRESS 306 NORTH	I MAIN ST.					
CITY/TOWN: FALL R	IVER	STATE:	MA	ZIP CODE:	02720	
MANAGER: SOUSA,	KERRI L. TYI	PE OF LICENSE	E:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL	ADDRESS		_
ENTIRE BLDG. 6 ROC ROOMS ON THE THIR AND BOWLING ALLE	OMS ON FIRST F RD FLOOR OF A	FLOOR AND 10				
I hereby certify and swea	ar under penalties	of perjury that:				
	icense will be of	• •		-		
	as complied with			•	to taxes; and	
3. the premises	are now open for	business (If not	explain b	pelow)		
CICNED DV						
SIGNED BY	ndividual, Partner	or Authorized C	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			R IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building ins	spector and the	head of	the fire depart	ment for the	above
Please Check Below:			L	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	sy:		
DISAPPROVED: (If disapproved explain)						
(11 disapproved expiaili)			_			
			_			
DATE:			=			
APPLICATION FOR RENEWAL	MUST BE FILED BY L	ICENSEES DURING	- THE MONTI	H OF NOVEMBER (I	M.G.L. Ch. 138 \$ 10	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 038800070		CITY OR TOWN	FALL RIVI	ER
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
	ME: CALDEIRAS ESS A CALDEIRA	S RESTAURANT LTD AS RESTAURANT			
ADDRESS 998	PLEASANT STRE	ET			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER:	REIS, ALCNDO	TYPE OF LICENSE:R	destaurant C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	REMISES:			
ONE STORY B BASEMENT.	UILDING WITH I	KITCHEN AND TWO R	OOMS. STOCK IN	STOREROOM	M AND
•	•	nalties of perjury that:			
		be of the same type for the	•		
	•	d with all laws of the Cor	•	to taxes; and	
3. the p	remises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, P	artner or Authorized Cor	porate Officer		
	Individual, P	artner or Authorized Cor	porate Officer		
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:				R IDENTIFICAT	ION NUMBER:
DATE:		artner or Authorized Cor	EMPLOYE	R IDENTIFICAT dividual Social S	
We the unders Acts of 2004, s	TELEF igned, attest that w igned by the buildi		EMPLOYE (Note: <b>NOT</b> In the certificate required and of the fire depart	dividual Social	ecurity Number) er 304 of the above
We the unders Acts of 2004, s named license	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: <b>NOT</b> In the certificate required and of the fire depart	red by Chapte ment for the Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, so named license of 2010.	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: <u>NOT</u> In the certificate required ad of the fire departs surance required by	red by Chapte ment for the Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, si named license of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: NOT In the certificate required of the fire depart surance required by LOCAL LICEN	red by Chapte ment for the Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED:	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: NOT In the certificate required of the fire depart surance required by LOCAL LICEN	red by Chapte ment for the Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, si named license of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: NOT In the certificate required of the fire depart surance required by LOCAL LICEN	red by Chapte ment for the Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, si named license of 2010.  Please Check Below APPROVED: [ DISAPPROVEI	TELEF igned, attest that w igned by the buildi and (2) the certific	PHONE NUMBER:  we are in possession (1) to the inspector and the he	EMPLOYE (Note: NOT In the certificate required of the fire depart surance required by LOCAL LICEN	red by Chapto ment for the Chapter 116	er 304 of the above of the Acts

 $APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER \, (M.G.L. \, Ch. \, 138 \, \$ \, 16A)$ 



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LICENSE NUMBER: 0	38800072		CITY OR TOV	VN FALL RIV	ER
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: J	&S CARAVELA	INC.			
DOING BUSINESS A	CARAVELA RE	ESTAURANT			
ADDRESS 637 SOUTI	H MAIN ST				
CITY/TOWN: FALL	RIVER	STATE: MA	ZIP CODE	: 02721	
MANAGER: JACINT	ΓO, MARIA TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-				
PLE	ASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
TWO ROOMS ON FIR BASEMENT	ST FLOOR OF A	A THREE STORY	BLDG STORAGE	IN KITCHEN A	AND
I homely contify and area	an under maneltie	a of manipum, that			
I hereby certify and swe	•	f the same type for t	he same premises r	now licensed:	
		h all laws of the Co			
	•	r business (If not ex		-8	
SIGNED BY					
I	ndividual, Partne	er or Authorized Con	porate Officer		
D. A. TIE					
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOI	Individual Social S	Security Number)
We the undersigned, a					
Acts of 2004, signed b named license and (2)					
of 2010.		a inquor inability in	surumee requireu	by Chapter 11.	
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	I		·		
(If disapproved explain)	)				
DATE:					
DAIL.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	38800074		CITY OR TOV	VIN FALL RIV	EK
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 202 PLEAS	ANT ST				
CITY/TOWN: FALL I	RIVER	STATE: MA	ZIP CODE	: 02721	
MANAGER: LOPES,	SCOTT TYPE (	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PREMISES	:			
FIVE ROOMS ON THI STAIRWAY INSIDE C SECOND FLOOR.					
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises r	now licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relation	ng to taxes; and	
3. the premises	are now open for bus	iness (If not expl	ain below)		
SIGNED BY	ndividual, Partner or	Authorized Corpe	orate Officer		
DATE:	TELEPHONE N	IUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspec	ctor and the hea	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1		-		
			-		
DATE.			-		
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	R: 038800076		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: FALL RIVER REST	AURANTS, INC.			
DOING BUSINESS	S A BARRET'S ALE H	OUSE			
ADDRESS 4171A	NO. MAIN STREET				
CITY/TOWN: FA	LL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: MA	RQUES,TIMOT TYPE H.	OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
	LICENSED PREMISE				
KITCHEN AND TV REAR OF KITCHE	WO ROOMS ON THE I	FIRST FLOOR O	F A ONE STO RY E	BLDG. STOR	AGE IN
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	wed license will be of th	e same type for the	e same premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Com	monwealth relating t	to taxes; and	
3. the prem	ises are now open for be	usiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:			EMPLOYEE	D. IDENTIFICAT	
DATE.	TELEPHONE	NUMBER:			GION NUMBER: Security Number)
					,
Acts of 2004, signe	ed, attest that we are in ed by the building insp	ector and the hea	d of the fire depart	ment for the	above
of 2010.	(2) the certificate of li	quoi nabinty ins	urance required by	Chapter 110	of the Acts
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					<del></del>



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	38800078		CITYOR	IOWN	FALL KIV	EK
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: J	& P PARTNERS	INC.				
DOING BUSINESS A	FLAUNT					
ADDRESS 32 SIXTH S	STREET					
CITY/TOWN: FALL I	RIVER	STATE: MA	ZIP C	ODE:	02723	
MANAGER: CABRA	L, PETER TYP	PE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF LIC						
3 ROOMS ON THE FII SEPARATE STORAGI				RAGE F	OR STOCK	IN A
I hereby certify and swe	ar under penalties	of perjury that:				
1. the renewed	license will be of t	the same type for th	e same prem	ises now	licensed;	
2. the licensee l	has complied with	all laws of the Con	nmonwealth	relating t	o taxes; and	
3. the premises	are now open for	business (If not exp	olain below)			
SIGNED BY	ndividual. Partner	or Authorized Corp	oorate Office	er		
	, , , , , , , , , , , , , , , , , , , ,					
DATE:	TELEPHON	E NUMBER:	Е	MPLOYEF	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEE TO THE	B I ( CIVID EI C	(Note	: NOT Ind	lividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and the he	ad of the fire	e departi	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	,					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	038800079		CITY OR TOWN FALL	RIVER
APPLICATION FOR 1	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 101 Presid CITY/TOWN: FALL	BATTLESHIP BRE	STATE: MA	ZIP CODE: 02723	r
MANAGER: MEDE	IROS, JAMIE TYPE	OF LICENSE: Re	staurant CATEGOI	RY: Wine and Malt Regular
EMAIL ADDRESS:				
	EASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
DESCRIPTION OF LI			V D G (MOD ) 57 77 55	
3 ROOMS ON THE F. THE FIRST FLOOR A			BLDG. STORAGE IN ONE F	ROOM ON
I hereby certify and sw	ear under penalties of	perjury that:		
3. the premise SIGNED BY	s are now open for bu	ssiness (If not expl		and
	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE I		EMPLOYER IDENTIFICATION (Note: NOT Individual So	cial Security Number)
Acts of 2004, signed l	by the building inspe	ector and the hea	e certificate required by Cl d of the fire department for urance required by Chapter	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENSING AU By:	THORITY
DATE:				



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LICENSE NU	MBER: 038800080		CITY OR TOWN FAL	L RIVER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: VICTOR M. I	DASILVA		
DOING BUSI	NESS A CAFE & PIZ	ZERIA RIO		
ADDRESS 13	00 PLEASANT ST			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 027	723
MANAGER:	VICTOR M. DASILVA	TYPE OF LICENSE:R	estaurant CATEG	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
3 ROOMS ON	FIRST FLOOR OF A	A THREE STORY BLD	G. ONE ROOM FOR STO	CK
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	ne same premises now licens	sed;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxe	s; and
3. the	premises are now ope	n for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the he	he certificate required by ad of the fire department surance required by Chap	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. C	n. 138 \$ 16A)



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LICENSE NUMBER: 038	8800081		CITY OR TO	WN FALL RIV	VER
APPLICATION FOR RE	NEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: ES	TORIL RESTA	URANT, INC.			
DOING BUSINESS A					
ADDRESS 1577 PLEAS.	ANT ST				
CITY/TOWN: FALL RI	VER	STATE: MA	ZIP CODI	E: 02723	
MANAGER: MONIZ,	ABEL C. TY	PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:		-			
PLEAS	SE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE					
KITCHEN AND TWO R CELLAR AND SEPARA					IN
					-
					-
I hereby certify and swear	•	s of perjury that: the same type for t	he same nremises	now licensed:	
		all laws of the Co	•		
	-	business (If not ex		ing to turies, unto	
SIGNED BY					
Inc	dividual, Partner	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA	
			(Note: NO	<u>T</u> Individual Social	Security Number)
We the undersigned, at		_			
Acts of 2004, signed by named license and (2) tl					
of 2010.	ne certificate of	inquoi nuomity m	surunce require	i by Chapter 11	of the fiets
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:		OR TOWN FALL RIVER
THE ELECTRICITY OF THE CONTRE	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JAKE'S NEW TYMI	E SALOON, INC	
DOING BUSINESS A JAKES FLINT STA	ATION	
ADDRESS 01183- PLEASANT ST.1187-1	1193	
CITY/TOWN: FALL RIVER	STATE: MA Z	IIP CODE: 02723
MANAGER: SHAKER, TYPE JEFFREY A.	E OF LICENSE: Restauran	t CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMAIL ADI	DRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
1 ROOMS ON FIRST FLOOR OF A 4 STO 1187 PLEASANT ST. 1 ROOM ON FIRST STORAGE		
I hereby certify and swear under penalties o	of perjury that:	
1. the renewed license will be of th	e same type for the same	premises now licensed;
2. the licensee has complied with a		<u> </u>
3. the premises are now open for be	usiness (If not explain bel	ow)
SIGNED BY		
Individual, Partner o	or Authorized Corporate O	Officer
Individual, Partner o	or Authorized Corporate C	fficer
Individual, Partner o	or Authorized Corporate C	fficer
DATE	·	EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner o  DATE: TELEPHONE	NUMBER:	
DATE.	NUMBER: n possession (1) the certi	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	NUMBER:  n possession (1) the certinector and the head of the iquor liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:	NUMBER:  n possession (1) the certinector and the head of the iquor liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  n possession (1) the certicector and the head of the iquor liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:	NUMBER:  n possession (1) the certicector and the head of the iquor liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY
DATE:  TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	NUMBER:  n possession (1) the certicector and the head of the iquor liability insurance	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  ficate required by Chapter 304 of the efire department for the above required by Chapter 116 of the Acts  CAL LICENSING AUTHORITY

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 038800087	C	ITY OR TOWN FALL	L RIVER
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: ANR, INC.			
DOING BUSI	NESS A BROTHERS PUB			
ADDRESS 87	AETNA STREET			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 0272	21
MANAGER:	REIS, ROBERT J. TYPE	OF LICENSE: Restar	urant CATEGO	ORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEB		L ADDRESS	
	N OF LICENSED PREMISE			
	REMISE IS BEING ALTERI G APPRX. 29 X 50 WHICH			
	S, BASEMENT OF THE SA			
SAME TIME	,			
I hereby certify	and swear under penalties o	f perjury that:		
	renewed license will be of th	* *	•	
	licensee has complied with a		_	; and
3. the	premises are now open for b	usiness (If not explain	below)	
SIGNED BY	Individual, Partner o	r Authorized Corpora	te Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
We the under	rsigned, attest that we are in	n nossossion (1) the c	ortificato required by (	Thantar 304 of the
	signed by the building insp	_		_
	e and (2) the certificate of li	quor liability insura	nce required by Chapte	er 116 of the Acts
of 2010.				
Please Check Belo			LOCAL LICENSING A	UTHORITY
APPROVED:			Ву:	
DISAPPROVI (If disapproved	<u> </u>			
(11 disappioved	CAPIGIII)			
DATE:				



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LICENSE NUMBE	R: 038800088		CITY OR TOWN	ALL RIVER
APPLICATION FO	R RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME	. HI ROOF CAFE	E INC		
DOING BUSINESS	A BEIRA ALTA	REST.		
ADDRESS 826 PL	YMOUTH AVE &			
CITY/TOWN: FA	LL RIVER	STATE: MA	ZIP CODE:	02721
	RMENTO, T RIA H.	TYPE OF LICENSE:Re	estaurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		OR AND ONE ROOM IN SEPARATE ROOM		OF A ONE STORY
I hereby certify and	swear under penalt	ties of perjury that:		
1. the renev	ved license will be	of the same type for the	e same premises now lic	censed;
2. the licens	see has complied w	vith all laws of the Com	monwealth relating to t	axes; and
3. the prem	ises are now open	for business (If not expl	ain below)	
SIGNED BY				
	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		DENTIFICATION NUMBER:
			(Note: <b>NOT</b> Indivi	dual Social Security Number)
Acts of 2004, signe	ed by the building	are in possession (1) the inspector and the header of liquor liability insu	d of the fire departme	
Please Check Below:			LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				



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LICENSE NUMBER:	038800089		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	R. FAMILY, INC.				
DOING BUSINESS A	A ALMAC'S DINER				
ADDRESS 135 PRES	IDENT AVE				
CITY/TOWN: FALI	RIVER	STATE: MA	ZIP CODE:	02720	
	THIER, TYPE MAND C.	OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
KITCHEN AND ONE STORAGE FOR STO				ORY BLDG.	
I hereby certify and sv	vear under penalties o	f perjury that:			
1. the renewe	d license will be of the	e same type for the	same premises nov	v licensed;	
2. the license	e has complied with a	ll laws of the Comr	nonwealth relating	to taxes; and	
3. the premise	es are now open for bu	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)		-		
DATE:					



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LICENSE NU	MBER: 038800091		CITY OR TOWN FALL RI	VER
APPLICATIO	N FOR RENEWAL	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: APPLE NEV	W ENGLAND, LLC		
DOING BUSI	NESS A			
ADDRESS 33	7 PLYMOUTH AV	E		
CITY/TOWN:	: FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER:	MADIRIRA, JOSEPH	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
KITCHEN AN STORAGE RO		THE FIRST FLOOR OF A	ONE STORY. STOCK STOI	RED IN
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comn	nonwealth relating to taxes; and	d
3. the	premises are now or	en for business (If not expla	in below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	i Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 1	ne above
Please Check Bel			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
OIS APPROVI				
(If disapprove	u capiani <i>j</i>			
DATE:				



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LICENSE NU	MBER: 038800092		CITY OR TOWN FALL RIV	EK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE N.	AME: ST. JAMES II	RISH PUB, INC.		
DOING BUSI	NESS A			
ADDRESS 91	PURCHASE ST			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER:	TRAVASSOS, RONALD	TYPE OF LICENSE:Re	staurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
3 ROOMS IN	THE BASEMENT OF	F A FOUR STORY BLDO	G. STORAGE IN CELLAR	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	nonwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not expl	ain below)	
SIGNED BY  DATE:		urtner or Authorized Corpo		
DATE:	TELEP)	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the buildir	ng inspector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI	·			
(If disapproved	a explain)		-	
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILFE	D BY LICENSEES DURING THE N	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	
		DOLL NO FILE IV	οι 1.ο. Ε.:.ΕΕΙ (III.Ο.Ε. CII. 150 φ I	/



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LICENSE NU	MBER: 038800093	(	CITY OR TOWN FALL RI	VER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		F LIGHTS BAND INC		
	FALL RIVER	STATE: MA	ZIP CODE: 02723	
MANAGER:		TYPE OF LICENSE: Club		: All Alcohol
EMAIL ADDF	RESS:			
	N OF LICENSED PRE		AIL ADDRESS  AND WALK IN COOLER IN	ı
2. the 3. the	licensee has complied v	* *	ame premises now licensed; onwealth relating to taxes; and n below)	I
SIGNED BY	Individual, Part	tner or Authorized Corpora	ate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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LICENSE NUMBER: 03880009	5	CITY OR TOWN FALL R	IVER
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: DELVIN	INC		
DOING BUSINESS A A-1 PIZZ	ZA		
ADDRESS 207 RHODE ISLAN	D AVE		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02721	
MANAGER: FERRY, STEPHANIE	TYPE OF LICENSE:	Restaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
KITCHEN AND THREE ROOM	AS FIRST FLOOR ONE ST	ORY STORAGE IN CELLAR	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	he same premises now licensed;	
2. the licensee has comp	olied with all laws of the Cor	nmonwealth relating to taxes; ar	nd
3. the premises are now	open for business (If not ex	plain below)	
Individual	l, Partner or Authorized Cor	porate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the certification of 2010.	ilding inspector and the he	ad of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	
APPLICATION FOR RENEWAL MUST BE I	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



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LICENSE NUM	IBER: 038800096		CITY OR TOWN FALL RI	VER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: MARIA VLAHO ESS A HIGHLAND PE			
CITY/TOWN:		STATE. MA	ZIP CODE: 02720	
		STATE: MA		_
MANAGER: 1	MARIA VLAHOS TY	PE OF LICENSE: Re	estaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	ISES:		
ONE ROOM FI	RST FLOOR OF A TW	O STORY BLDG. ST	ΓORAGE IN CELLAR	
I hereby certify a	and swear under penaltie	es of perjury that:		
1. the re	enewed license will be o	f the same type for the	e same premises now licensed;	
2. the li	censee has complied wit	h all laws of the Com	nmonwealth relating to taxes; and	1
3. the pr	remises are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, si	gned by the building in	nspector and the hea	he certificate required by Cha ad of the fire department for th urance required by Chapter 1	ne above
Please Check Below	<u>/:</u>		LOCAL LICENSING AUT	HORITY
APPROVED: [			Ву:	
DISAPPROVEI			•	
(If disapproved of	explain)			
DATE:			-	
	DENIEWAL MILET DE EURO DA	I ICENSEES DUDING THE	MONTH OF NOVEMBER (M.C.L. Ct. 120 4	2.164)
AFPLICATION FOR R	TENEWAL MUST BE FILED BY	LICENSEES DUKING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	10A)



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LICENSE NUMBER: 038800098		CITY OR TOWN FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ST. JOHNS ATHI DOING BUSINESS A ADDRESS 1365 RODMAN ST	LETIC CLUB OF FAI	LL RIVER INCORPORATED
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02721
MANAGER: LEITE, ROBERT C. TY	PE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED PREMI	SES:	
FOUR ROOMS ON THE FIRST FLOOR FLOOR. STORAGE IN TWO ROOMS		
I hereby certify and swear under penaltie	s of perjury that:	
1. the renewed license will be of	the same type for the	same premises now licensed;
<ul><li>2. the licensee has complied wit</li><li>3. the premises are now open for</li></ul>		•
SIGNED BY Individual, Partne	r or Authorized Corpo	rate Officer
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:		By:
(If disapproved explain)		
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800099		CIT	Y OR TOWN	FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annua	.1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A				NC.		
ADDRESS 310 SHOV	VE ST					
CITY/TOWN: FALL	RIVER	STATE:	MA :	ZIP CODE:	02724	
MANAGER: McGC PATR		OF LICENS	E: Restaura	ent Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAIL A	DDRESS		-
DESCRIPTION OF L	ICENSED PREMISE	S:				
KITCHEN AND 2 RO 2ND FLR OF A 2 STO LEVELS						
2. the license	d license will be of the has complied with a es are now open for be	ll laws of the usiness (If no	Commonw t explain be	ealth relating to		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: NOT Inc.)		ION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the	e head of t	he fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LC By	OCAL LICENS 7:	SING AUTHO	ORITY
DATE:			_			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUI	MBER: 038800100		CITY OR TOWN FAL	L RIVER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 310	NESS A	OGRESSIVE CLUB OF I	FALL RIVER	
	FALL RIVER	STATE: MA	ZIP CODE: 027	24
		TYPE OF LICENSE: Clu		ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
	BASEMENT AND ON NT ROOM FOR STOR		LOOR OF A ONE STORY	BLDG. REAR
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licens	sed;
	*	with all laws of the Comr n for business (If not expl	nonwealth relating to taxe ain below)	s; and
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by d of the fire department f rance required by Chap	for the above
Please Check Belo	DW:		LOCAL LICENSING A By:	AUTHORITY
DISAPPROVE (If disapproved				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. CI	n. 138 \$ 16A)



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LICENSE NUMBER: 038800103		CITY OR TOWN FALL RIV	EK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CAFE CLIPPER, INC. DOING BUSINESS A			
ADDRESS 459 SO. MAIN ST			
CITY/TOWN: FALL RIVER ST	TATE: MA	ZIP CODE: 02721	
MANAGER: RAPOSO, TYPE OF CLEMENTE P.	LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
ADDING OUTDOOR AREA 95X15 TO THE I	REAR		
I hereby certify and swear under penalties of per	jury that:		
1. the renewed license will be of the sar	ne type for the	same premises now licensed;	
2. the licensee has complied with all lav	vs of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for busine	ess (If not expla	in below)	
SIGNED BY Individual, Partner or Au	thorized Corpo	rate Officer	,
DATE: TELEPHONE NUI	MBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are in postacts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.	r and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEI	ES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 %)	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800104		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	ANTONIA YIAN A FALL RIVER HO OUTH MAIN STREE	OUSE OF PIZZA			
CITY/TOWN: FAI		STATE: MA	ZIP CODE:	02724	
MANAGER: YIA		PE OF LICENSE: R		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS		
	LICENSED PREMI			N. V.	
ONE ROOM FIRST FLOOR THREE STORY BLDG. STORAGE IN BAS EMENT.  I hereby certify and swear under penalties of perjury that:					
<ol> <li>the renewed license will be of the same type for the same premises now licensed;</li> <li>the licensee has complied with all laws of the Commonwealth relating to taxes; and</li> <li>the premises are now open for business (If not explain below)</li> </ol>					
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		Ī
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
We the undersigne	ed. attest that we are	in possession (1) tl	ho gartificato recui	od by Chant	204 64
	d by the building in (2) the certificate of	spector and the hea	nd of the fire depart	ment for the	above
named license and	d by the building in (2) the certificate of	spector and the hea	nd of the fire depart	tment for the Chapter 116	above of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	IBER: 038800105		CITY OR TOWN	FALL RIVE	ER
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NA DOING BUSIN ADDRESS	ME: MODERN SNACK	S BAR,INC			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER:	CAMARA,JOAO R. TYF	E OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMIS	SES:			
	F THE FIRST FLOOR OI ABLES STORAGE ARE.			AREA, KITO	CHEN
I hereby certify	and swear under penalties	of perjury that:			
1. the re	enewed license will be of	the same type for t	he same premises now	licensed;	
2. the li	icensee has complied with	all laws of the Co	mmonwealth relating to	taxes; and	
3. the p	remises are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICATI	
Acts of 2004, s	igned, attest that we are igned by the building ins and (2) the certificate of	spector and the h	ead of the fire departn	nent for the	above
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					
APPLICATION FOR I	RENEWAL MUST BE FILED BY L	CENSEES DURING TH	E MONTH OF NOVEMBER (M.	.G.L. Ch. 138 \$ 16.	A)



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LICENSE NUI	MBER: 038800107	(	CITY OR TOWN	FALL RIVER		
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013		
		CLASS		YEAR		
DOING BUSIN	AME: AAFR, INC. NESS A ACADEMIC	A CLUB				
ADDRESS						
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02721		
MANAGER:	DeMEDEIROS, JOHN	TYPE OF LICENSE: Resta	urant CA	TEGORY: All Alcohol		
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS			
	N OF LICENSED PRE					
LEVEL. ONE	ROOM ON THE FIRS	OF A TWO STORY BLDO ST FLOOR AND ONE ROO ing with fencing and tables	OM ON THE SECO	OND FLOOR FOR		
I hereby certify and swear under penalties of perjury that:						
1. the	1. the renewed license will be of the same type for the same premises now licensed;					
2. the	licensee has complied	with all laws of the Commo	nwealth relating to	taxes; and		
3. the	premises are now open	n for business (If not explain	n below)			
SIGNED BY	Individual, Par	rtner or Authorized Corpora	ate Officer			
DATE:	TELEPH	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Indiv	vidual Social Security Number)		
Acts of 2004,	signed by the building	e are in possession (1) the og g inspector and the head of te of liquor liability insura	of the fire departm	ent for the above		
Please Check Belo	ow:		LOCAL LICENSI	NG AUTHORITY		
APPROVED:			By:			
DISAPPROVE						
(If disapproved	l explain)					
DATE:						
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038800108		CITY OR TOWN	FALL RIV	ER
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINE	ME: KING PHILLIF ESS A MEE SUM RI SOUTH MAIN ST	P CAFE INC, OF FAL ESTAURANT	L RIVER		
CITY/TOWN:		STATE: MA	ZIP CODE:	02724	
MANAGER: N	MARK, REGINA	ΓΥΡΕ OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
		UR WEBSITE AND ENTER YOUI	R EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	MISES:			
WALK IN COOL STORAGE	LER AND 5 ROOMS	S ON 1ST FLR OF A	ONE STORY BLDG	. CELLAR FO	OR .
	emises are now open	with all laws of the Co for business (If not ex	plain below)	to taxes; and	
DATE:		tner or Authorized Con		ER IDENTIFICAT	ION NUMBER:
	TEELTI	ONE WOMBER.	(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, sig	gned by the building	are in possession (1) g inspector and the ho e of liquor liability in	ead of the fire depar	tment for the	above
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICEN By:	ISING AUTHO	ORITY

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	R: 038800109		CITY OR TOWN FALL RIV	/ER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	: YUAN DA, INC.	2 , INC.		
DOING BUSINESS	S A SUPER BUFFE	Т 2000		
ADDRESS 441 TU	CKER ST			
CITY/TOWN: FA	LL RIVER	STATE: MA	ZIP CODE: 02721	
MANAGER: LU,	AI YI TY	TPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
	LICENSED PREMI			
	NE ROOM ON THE ARATE STORAGE I		ONE STORY BLDG. STORA	GE FOR
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be of	f the same type for the	same premises now licensed;	
2. the licen	see has complied wit	h all laws of the Com	nonwealth relating to taxes; and	
3. the prem	ises are now open for	r business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE.				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(1766). 1761 marvidum Social	Security (variber)
Acts of 2004, signe	ed by the building ir	spector and the head	e certificate required by Chap d of the fire department for the crance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expl	lain)		-	
DATE:				



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LICENSE NU	MBER: 038800110		CITY OR TOWN FALL RI	VER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N DOING BUSI ADDRESS 20		LUB INC		
	: FALL RIVER	STATE: MA	ZIP CODE: 02724	
MANAGER:	FURTADO, RICHARD P.	TYPE OF LICENSE:R		: All Alcohol
EMAIL ADDI	RESS:			
ENTIRE BLD	ON OF LICENSED PEOG		EMAIL ADDRESS	
<ol> <li>the</li> <li>the</li> </ol>	renewed license will licensee has complie	• •	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	I
SIGNED BY	Individual, P	Partner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the buildi	ing inspector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Bel APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 038800111		CITY OR TOWN FALL RIV	EK
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: THE CORKY	ROW SOCIETY		
DOING BUSI	NESS A			
ADDRESS 60	2 THIRD ST			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02721	
MANAGER:	ORMEROD, EDWARD	TYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
THREE ROOM	MS ON THE FIRST F	LOOR OF A ONE STOR	RY BLDG TWO BASEMENT RO	OOMS.
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	n for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004,	signed by the buildin	ng inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 110	above
Please Check Bel	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 038800112	•	CITY OR TOWN FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CLASSIC ENT DOING BUSINESS A ENTOURAGE		
ADDRESS 502 BEDFORD STREET		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02720
MANAGER: MORAIS, NORBERT	ΓΥΡΕ OF LICENSE: Rest.	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
KITCHEN AND THREE ROOMS OF NORTH SIDE OF THE BUILDING. ON THE THIRD FLOOR OF A FOU ADDITIONAL 1,200 SQ. FT.	TWO ROOMS ON THE	SECOND FLR AND FOUR ROOMS
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the s	ame premises now licensed;
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open	for business (If not explai	n below)
SIGNED BY Individual, Part	tner or Authorized Corpor	ate Officer
DATE		
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)
		(Note: NOT individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
( a a P. L. L. a a co-bymus)		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038800114		CITY OR TOWN FALL RI	VER
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	BATTLESHIP EN	TERPRISES		
DOING BUSINESS	A			
ADDRESS 392 DAV	/OL ST			
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER: RUG H	GEIRO,JOSEP TY	PE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
•	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF				
KITCHEN AND TH PATIO. STORAGE			ГORY BLDG . FENCED IN C	OUTSIDE
I hereby certify and s	wear under penalties	s of perjury that:		
1. the renew	ed license will be of	the same type for the s	same premises now licensed;	
2. the license	ee has complied with	all laws of the Comm	onwealth relating to taxes; and	i
3. the premi	ses are now open for	business (If not explain	in below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpor	ate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	i Security Number)
Acts of 2004, signed	d by the building in	spector and the head	certificate required by Chap of the fire department for the ance required by Chapter 1	ne above
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	<i>)</i>			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 038800116		CITY OR TOWN FALL RI	VER
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	ST. MICHAEL'S O	CLUB, INC.		
DOING BUSINESS	A			
ADDRESS 63 WEBS	STER ST			
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER: CABL L.	RAL, JORDAN TY	PE OF LICENSE: Res	taurant CATEGORY	7: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I				
HALL AND LOUNC A TWO STORY BLI			O ROOMS ON THE FIRST F	LOOR OF
I hereby certify and s	wear under penalties	s of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises now licensed;	
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to taxes; and	d
3. the premis	ses are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
			(Note: <u>NOT</u> Individual Social	i Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 1	ne above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	in)			
(If disapproved expla	<i>)</i>			
				<del></del> -
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800117		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: PORTUGUE	ESE MADEIRENSE SPOR'	ΓS, INC.		
DOING BUSINESS A				
ADDRESS 106 WEBSTER ST				
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: JACOB, JOSE A	TYPE OF LICENSE: Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PI 2 ROOMS ON FIRST FLOOR OF I hereby certify and swear under pe 1. the renewed license will 2. the licensee has complie 3. the premises are now op SIGNED BY	A ONE STORY BLDG. O	NE ROOM FOR ST same premises now nonwealth relating t nin below)	licensed;	
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
We the undersigned, attest that values of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	l of the fire depart	ment for the	above
Please Check Below: APPROVED:		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
		-		
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN FALL RIV	ER
Annual	LICENSED FOR 2	013
CLASS		YEAR
ANT INC		
STATE: MA	ZIP CODE: 02720	
OF LICENSE: Res	category:	All Alcohol
SITE AND ENTER YOUR EM	MAIL ADDRESS	
SS:		
₹ STORY BLDG. F	REAR ROOM AND CELLAR F	FOR
f perjury that:		
e same type for the	same premises now licensed;	
ll laws of the Comn	nonwealth relating to taxes; and	
usiness (If not expla	nin below)	
r Authorized Corpo	orate Officer	
NUMBER:	EMPLOYER IDENTIFICA'	
	(Note: NOT marvidual Social S	Security Number)
ector and the head	l of the fire department for the	e above
	LOCAL LICENSING AUTH	ORITY
	By:	
1	CLASS CANT INC  STATE: MA OF LICENSE: Res SITE AND ENTER YOUR EN SS: R STORY BLDG. If f perjury that: e same type for the Il laws of the Commusiness (If not explain r Authorized Corporation of the Commusiness (If not explain r Authorized Corporation of the Commusiness (If not explain r Authorized Corporation of the	Annual LICENSED FOR 2 CLASS  ANT INC  STATE: MA ZIP CODE: 02720  OF LICENSE: Restaurant CATEGORY:  SITE AND ENTER YOUR EMAIL ADDRESS S: R STORY BLDG. REAR ROOM AND CELLAR F  f perjury that: e same type for the same premises now licensed; ll laws of the Commonwealth relating to taxes; and usiness (If not explain below)  T Authorized Corporate Officer  NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social is a possession (1) the certificate required by Chapter of the property of the p



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800121		CITY OR TOWN FALL R	aver
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	S & C REALT	TY INC		
DOING BUSINESS	A COPPERS			
ADDRESS 1347 55	S. MAIN ST.			
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE: 02721	
	RSCADDEN, LIAM	TYPE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		E FIRST FLOOR OF A 3 KITCHEN AND CELLAR	STORY BLDG. STORAGE	FOR
I hereby certify and	swear under pena	alties of perjury that:		
1. the renew	ved license will b	e of the same type for the	same premises now licensed;	
2. the licens	see has complied	with all laws of the Comr	nonwealth relating to taxes; a	nd
3. the premi	ises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signe	d by the buildin	ng inspector and the head	e certificate required by Chall of the fire department for rance required by Chapter	the above
Please Check Below: APPROVED:			LOCAL LICENSING AU	ΓHORITY
DISAPPROVED:			By:	
(If disapproved expl	ain)			
			-	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 038800125		CITY OR TOWN	FALL RIV	ER
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAM	E: ACOREANA PACE	KAGE STORE, INC			
DOING BUSINES	SS A				
ADDRESS 210 A	LDEN ST				
CITY/TOWN: F.	ALL RIVER	STATE: MA	ZIP CODE:	02723	
MANAGER: NO B.	UNES, ANTONIO TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	IAIL ADDRESS		
	OF LICENSED PREMIS				
	OM SEPARATE FROM ' IE STORY BLDG. STO				
	ensee has complied with a mises are now open for b		_	o taxes; and	
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:			•		
(If disapproved ex	plain)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800127	CITY OR TOWN FALL RIVER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: SILVA'S PACKAGE STORE, INC.	
DOING BUSINESS A	
ADDRESS 640 BEDFORD ST.	
CITY/TOWN: FALL RIVER STATE: M	A ZIP CODE: 02720
MANAGER: JESUS, JOSEPH M. TYPE OF LICENSE:	Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2 ROOMS ON THE FIRST FLOOR OF A ONE STORY B 640 BEDFORD STERECTING A 7 X 36 ADDITION $\rm F$	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	the same premises now licensed;
2. the licensee has complied with all laws of the Co	ommonwealth relating to taxes; and
3. the premises are now open for business (If not ex	xplain below)
SIGNED BY	
Individual, Partner or Authorized Co	orporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Diago Chook Dalaru	
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	Ву:
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING TH	IE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800128		CI	TY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annı	ıal	LICEN	SED FOR 20	)13
		CLA	SS			YEAR
DOING BUSINESS	PEOPLE'S SUPER I	_				
ADDRESS 1702 PR	RESIDENT AVE					
CITY/TOWN: FAI	LL RIVER	STATE:	MA	ZIP CODE:	02720	
MANAGER: HAI	RONIAN, JOHN TYPI	E OF LICEN	SE:Packag	e Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTE	R YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:				
	A 23,000 SQ FT BUILD BACK OF BUILDING		RANCE IS	AT RIGHT FR	ONT OF BU	ILDING
2. the licens 3. the prem	wed license will be of the see has complied with a sees are now open for be	all laws of th	e Common	wealth relating t		
SIGNED BY	Individual, Partner of	or Authorized	d Corporate	Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT dividual Social S	TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)			OCAL LICENS	SING AUTHO	ORITY
DATE:			_			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038800129		CITY OR TOWN	FALL RIVI	ER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AMARAL BROS,II	NC.			
DOING BUSINESS	A AMARAL'S CEN	TRAL MARKET			
ADDRESS 872 GLC	DBE STREET				
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER: AMA	ARAL, DAVID TYP	E OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
	IE FIRST FLOOR OF L& A SEPARATE A		BLDG. STORAGE FOAR OF THE STORE	OR STOCK I	N
2. the license		all laws of the Con	ne same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	800130		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	
		CLASS			YEAR
LICENSEE NAME: JOS	SE CORDEIRO				
DOING BUSINESS A G	ENES MARKET				
ADDRESS 540 BRAYTO	ON AVE				
CITY/TOWN: FALL RI	VER	STATE: MA	ZIP CODE:	02721	
MANAGER: JOSE COL	RDEIRO TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS		L
DESCRIPTION OF LICE	NSED PREMISES	S:			
ONE ROOM ON THE FIL	RST FLOOR OF A	ONE STORY BI	LDG. STORAGE FO	OR STOCK I	IN SAME
	s complied with all		nonwealth relating to	o taxes; and	
	ividual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038800131		CITY OR TOWN	FALL RIVI	ER		
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013		
		CLASS			YEAR		
LICENSEE NA	AME: MAGANBHA	I J. PATEL					
DOING BUSIN	NESS A RIVERSIDE	FARM					
ADDRESS 155	5 BRIGHTMAN ST						
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02720			
MANAGER:	MAGANBHAI J. PATEL	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS						
DESCRIPTION OF LICENSED PREMISES:							
		ONE STORY BLDG. S	TOCK IN SAME RO	OOM			
, ,	and swear under pena	- · ·		1: 1.			
		e of the same type for the with all laws of the Com	_				
	•	for business (If not expl	•	taxes, and			
		r					
SIGNED BY							
	Individual, Par	rtner or Authorized Corp	orate Officer				
DATE:	TELEPH	HONE NUMBER:			DENTIFICATION NUMBER:		
			(Note: NOT Ind	ividual Social So	ecurity Number)		
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVE							
(If disapproved	explain)						
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	038800133		CITY OR IC	WN FALL KI	/ CK
APPLICATION FOR	RENEWAL:	Annual	Ll	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 200 BRO.	ADWAY				
CITY/TOWN: FALI	RIVER	STATE: MA	ZIP COD	E: 02723	
MANAGER: MESS	SIAS, PEDRO TY	YPE OF LICENSE: Pa	ackage Store	CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
ONE STORY, 3200 S ENTRANCES FRON					
	es are now open fo	th all laws of the Comor business (If not exp	lain below)	ting to taxes; and	
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA  T Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIG	CENSING AUTH	IORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J388UU134		CITY OR TO	WN FALL KIV	EK
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:  DOING BUSINESS A		% LIQUOR INC			
ADDRESS 90 DIVISI					
CITY/TOWN: FALL		STATE: MA		E: 02721	
MANAGER: OLIVE	EIRA, LUIS F. TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI ONE ROOM ON FIRS BASEMENT			DG. STORAGE	IN SAME ROOM	M AND
2. the licensee	has complied with	the same type for the all laws of the Conbusiness (If not exp	nmonwealth relati		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			I Individual Social S	
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800135		CITY OR TOWN	FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Salem & Sorelle, Inc			
DOING BUSINESS A JOE'S LIQUOR			
ADDRESS 090-94 EAGLE ST			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02721
MANAGER: Alzaibak, Silva TYPE	OF LICENSE: Pac	ekage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
ONE FLOOR OF A 2 STORY BLDG-90 EA			
STORY BLDG-94 EAGLE ST STORAGE I BOTH CELLARS AT 94 EAGLE ST	OR STOCK IN S	TORAGE ROOM (	JN 90 EAGLE &
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the		same premises now	licensed;
2. the licensee has complied with all	laws of the Comr	nonwealth relating to	taxes; and
3. the premises are now open for but	siness (If not expla	ain below)	
SIGNED BY			
Individual, Partner or	Authorized Corpo	orate Officer	
DATE: TELEPHONE N	NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disappioved explaili)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 038800136		CITY OR TOWN	FALL RIVER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: CATAHOUL	A CORP.		
DOING BUSINES	S A SOUTH CO.	AST FINE WINE & SPI	RITS	
ADDRESS 350 RC	DDMAN STREET	Γ		
CITY/TOWN: FA	LL RIVER	STATE: MA	ZIP CODE:	02721
	ARCHIONE, ANK	TYPE OF LICENSE:Pa	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
THREE ROOMS O SEPERATE ROOM		R OF A ONE STORY B	LDG. STORAGE WI	LL BE IN A
3. the pren		n for business (If not exp		
DATE:	TELEPI	HONE NUMBER:		DENTIFICATION NUMBER:
Please Check Below:	٦		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	ulain)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800137		CITY OR TO	JWN FALL KI	VEK
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	MANUEL PENACI	НО			
DOING BUSINESS A	INTERNATIONA	L MARKET			
ADDRESS 1572 PLE	ASANT STREET				
CITY/TOWN: FALL	RIVER	STATE: M	A ZIP COD	DE: 02723	
MANAGER: MANU PENA		E OF LICENSE:	Package Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WE		R EMAIL ADDRESS		
DESCRIPTION OF L			amon . ar ro	D 000 001 1111 1	DE D
2 ROOMS ON FIRST SEPERATE ROOM.	FLOOR OF A ONE	E STORY BLDG	., STORAGE FO	R STOCK WILL	BE IN A
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of the	he same type for	the same premise	s now licensed;	
2. the licensee	e has complied with	all laws of the Co	mmonwealth rela	ating to taxes; and	
3. the premise	es are now open for b	ousiness (If not ex	xplain below)		
SIGNED BY					
	Individual, Partner	or Authorized Co	rporate Officer		
DATE:			EMD	A OMED TOENTEE	TION NUMBER
DATE.	TELEPHONE	E NUMBER:		LOYER IDENTIFICA <u>OT</u> Individual Social	
			` _		
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED: DISAPPROVED:	٦		By:		
(If disapproved explain	 n)				
. II F	,				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 038800138		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	MACEDONIA, GR, IN	C			
	OUTH MAIN STREET				
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE:	02723	
MANAGER: SOU ETR	RMAISIS.DEM TYPE O IOS	F LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	MAIL ADDRESS		<u>.</u>
DESCRIPTION OF	LICENSED PREMISES:				
ONE ROOM ON FI	RST FLOOR OF A TWO	STORY BLDG	. 2 ROOMS IN REA	AR FOR STO	RAGE
I hereby certify and	swear under penalties of p	erjury that:			
1. the renew	red license will be of the s	ame type for the	same premises now	licensed;	
2. the licens	ee has complied with all l	aws of the Comr	nonwealth relating to	taxes; and	
3. the premi	ses are now open for busi	ness (If not expla	ain below)		
SIGNED BY					
	Individual, Partner or A	authorized Corpo	orate Officer		
DATE:	TELEPHONE N	IMRFR:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEEI HORE IV	SIVIDLIC.	(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
D. 4 575					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03880013	9	CITY OR TOWN	FALL RIVER
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROBESO	N QUICL PIK, INC.		
DOING BUSINESS A JOE'S N	IARKET		
ADDRESS 1132 ROBESON ST	7		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02721
MANAGER: Patel, Gunvantke	ımar TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
2 ROOMS ON FIRST FLOOR ( LOWER LEVEL	OF A ONE STORY BLDG. R	EAR ROOM FOR S	TOCK IN THE
2. the licensee has comp	will be of the same type for the plied with all laws of the Com open for business (If not explanation)	monwealth relating to	
SIGNED BY Individua	l, Partner or Authorized Corp	orate Officer	
D. A. TITLE			
DATE: TE	LEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			<u> </u>



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800141		CITY OR TOW	IN FALL KIV	EK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 623 LOCU	JST ST				
CITY/TOWN: FALI	RIVER	STATE: MA	ZIP CODE	: 02720	
MANAGER: CARR	EIRO, PETER TYPI	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISI	ES:			
WALK IN COOLER . IN ONE ROOM AND				RY BLDG. STO	ORAGE
	e has complied with a es are now open for b	ousiness (If not exp	lain below)	ng to taxes; and	
	,				
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:	٦		LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved explai	n)				
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800142		CITY OR TOWN FALL RIV	EK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: S. JAY RAJ IN DOING BUSINESS A ROYAL LIQ			
ADDRESS 04263A NORTH MAIN	ST.		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02720	
MANAGER: PATEL, PARESH N.	TYPE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
EXPANDING STORE BY 1200 SQ	UARE FEET . NORTH		
I hereby certify and swear under pena	= -		
1. the renewed license will be		=	
		nonwealth relating to taxes; and	
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY Individual, Par	tner or Authorized Corpo	rate Officer	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORS:	ORITY
DISAPPROVED:		By.	
(If disapproved explain)		-	
DATE:		-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800144		CITY OR TOWN	FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FALL RIVER LIQU	ORS COMPANY,	INC.	
DOING BUSINESS A ECONOMY LIQU	ORS		
ADDRESS 929 NORTH MAIN ST			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02720
MANAGER: KIM LE, LAN TYPE	E OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE ROOM AND COOLER ON FIRST F			
THE FIRST FLOOR OF A 2 STORY BLD IN THE COOLER OF BLDG	G. STORAGE ON	2ND FLOOR OF 1.	HE ADDITION AND
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the		same premises now	licensed;
2. the licensee has complied with a	all laws of the Com	nonwealth relating to	taxes; and
3. the premises are now open for b	usiness (If not expl	ain below)	
SIGNED BY			
Individual, Partner of	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 038800146		Cľ	TY OR TOWN	FALL RIV	ER
APPLICATION :	FOR RENEWAL:	Annual LICENSED FOR 2013				
		CLASS				YEAR
LICENSEE NAM	ME: KARALPA, INC.					
DOING BUSINE	ESS A PLEASANT DIS	SCOUNT LIQUOR	RS & M	INI-MART		
ADDRESS 879 I	PLEASANT ST					
CITY/TOWN:	FALL RIVER	STATE: M	ΙA	ZIP CODE:	02723	
MANAGER: K	XARAM, ALBERT TY	PE OF LICENSE:	Packag	e Store C	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:					
	PLEASE ALSO VISIT OUR W	WEBSITE AND ENTER YOU	UR EMAIL	ADDRESS		_
DESCRIPTION	OF LICENSED PREMI	SES:				
ONE ROOM ON SEPARATE STO	I THE FIRST FLOOR ( DREROOM	OF A ONE STORY	Y BLDC	G. STORAGE I	FOR STOCK	IN
I hereby certify a	nd swear under penaltie	s of perjury that:				
1. the real	newed license will be of	the same type for	the san	ne premises nov	w licensed;	
2. the lic	censee has complied with	h all laws of the Co	ommon	wealth relating	to taxes; and	
3. the pr	emises are now open for	r business (If not e	xplain b	pelow)		
SIGNED BY						
	Individual, Partne	r or Authorized Co	orporate	Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYE	ER IDENTIFICAT	TION NUMBER:
				(Note: NOT In	ndividual Social S	security Number)
Please Check Below:	<u>:</u>			OCAL LICEN	SING AUTH	ORITY
APPROVED: L	 <b>\.</b>		В	By:		
(If disapproved e			_			
(11 disapproved e	дриш <i>)</i>		_			
			_			
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800147		C	TY OR TO	WN FALL KI	VEK
APPLICATION FOR I	RENEWAL:	Annua	al	LIC	CENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 455 WILL	CHANCELLOR FI	NE WINE &				
CITY/TOWN: FALL	RIVER	STATE:	MA	ZIP CODE	E: 02723	
MANAGER: MATA		E OF LICENS			CATEGORY	: All Alcohol
EMAIL ADDRESS:  PL  DESCRIPTION OF LI  TWO ROOMS ON TH		ES:			GE IN A REAF	R ROOM
<ul><li>2. the licensee</li><li>3. the premise</li></ul>	ear under penalties of I license will be of the has complied with a s are now open for b	e same type full laws of the	for the sar Common	wealth relati		1
SIGNED BY	Individual, Partner o	r Authorized	Corporat	e Officer		
DATE:	TELEPHONE	 NUMBER:				ATION NUMBER: I Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)			LOCAL LIC By:	ENSING AUT	HORITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	38800148		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: L	EONARDS PAC	KAGE STORE INC			
DOING BUSINESS A					
ADDRESS 1331 PLEA	SANT ST & 1335	5			
CITY/TOWN: FALL F	RIVER	STATE: MA	ZIP CODE:	02723	
MANAGER: MICHA A.	EL, GARY TYI	PE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					]
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	SES:			
ONE ROOM ON THE I	FIRST FLOOR O	F A TWO STORY	BLDG. STORAGE II	N SAME RO	OOM
2. the licensee h 3. the premises	nas complied with		e same premises now monwealth relating to lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: decurity Number)
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			Ву:		
(If disapproved explain)					
DATE:					
<i></i>					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	88800149		CITY OR TOW	N FALL KIV	EK
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A	ED'S DAIRY ST	ORE, INC.			
ADDRESS 1500 BRAY	TON AVE.				
CITY/TOWN: FALL R	RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER: MESSIA	S, PEDRO TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC					
ONE ROOM ON THE IS BUILDINGADDING					LE
2. the licensee h 3. the premises  SIGNED BY	as complied with are now open for	the same type for the all laws of the Combusiness (If not explant or Authorized Corp	monwealth relatin		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 038800150		CITY OR TOWN FALL RI	VEK
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	M.N. REIS, INC.			
DOING BUSINESS	A M & S LIQUORS			
ADDRESS 905 PLY	MOUTH AVE			
CITY/TOWN: FAI	L RIVER	STATE: MA	ZIP CODE: 02721	
MANAGER: PAC	HECO, KARENTYPE	OF LICENSE: Pack	cage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI	FE AND ENTER YOUR EM	AIL ADDRESS	
	LICENSED PREMISES			
ONE ROOM 1ST F	LOOR THREE STORY.	STORAGE IN R	EAR OF S TORE AND CELL	AR.
	swear under penalties of			
			same premises now licensed;	
	•		onwealth relating to taxes; and	l
3. the premi	ses are now open for bus	siness (If not explain	in below)	
SIGNED BY			0.00	
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:			EMPLOWED IDENTIFIES	A TION AND OPEN
DATE.	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below:			VOCAL VACENARIA AVER	YOR YELV
APPROVED:			LOCAL LICENSING AUTI By:	HORITY
DISAPPROVED:			Dy.	
(If disapproved explain	ain)			
DATE:			-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800151		CITY OR TOWN	FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: Globe Liquors of	Taunton, Inc		
DOING BUSINESS A GLOBE LIQUO	ORS		
ADDRESS 180 PRESIDENT AVE			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE:	02720
MANAGER: Martin, Michael TY	PE OF LICENSE: Pacl	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ONE SALES ROOM ON THE FIRST F STORAGE AND AN ADDED BLDG V FIRST FLOOR AND ONE ROOM ON	VITH 3 ENTRANCES	AND 2 STORAGE	ROOMS ON THE
2. the licensee has complied wit     3. the premises are now open fo  SIGNED BY  Individual Partner  Individual Partner		in below)	o taxes; and
maividuai, r aithe	of Authorized Corpor	ate Officer	
DATE: TELEPHOI	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800152		CI	TY OR TOWN	FALL RIV	ER
APPLICATION FO	TION FOR RENEWAL: Annual LICENSED FOR 2013			013		
		CLAS	S			YEAR
LICENSEE NAME	: PLYMOUTH	CONVENIENCE S	TORE IN	IC.		
DOING BUSINESS	A GUIMOND	FARMS				
ADDRESS 105 RH	ODE ISLAND A	VENUE				
CITY/TOWN: FA	LL RIVER	STATE:	MA	ZIP CODE:	02723	
MANAGER: SAL	LIBY, SAMI	TYPE OF LICENS	E:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	•					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		-
DESCRIPTION OF	LICENSED PR	EMISES:				
TWO ROOMS ON BE IN ONE ROOM		OOR OF A ONE ST	ORY BL	DG. STORAGE	FOR STOCK	K WILL
I hereby certify and	swear under pen	alties of perjury that:	:			
1. the renev	ved license will b	e of the same type f	or the san	ne premises now	licensed;	
2. the licens	see has complied	with all laws of the	Common	wealth relating to	o taxes; and	
	-	n for business (If not		_		
SIGNED BY						
D101 (22 2 1	Individual, Pa	rtner or Authorized	Corporate	e Officer		
DATE:	TELEP	HONE NUMBER:		EMPLOYER	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:			I	LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			F	Зу:		
DISAPPROVED:						
(If disapproved expl	lain)		-			
			<del>-</del>			
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 038800154		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	DW&S FALL RIVE	ER, INC			
DOING BUSINESS A	A TANZA WINE &	SPIRITS			
ADDRESS 340 RHO	DE ISLAND AVE				
CITY/TOWN: FALI	L RIVER	STATE: MA	ZIP CODE:	02724	
MANAGER: SANT Y	TORO,SHIRLE TYPI	E OF LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI		AIL ADDRESS		
DESCRIPTION OF L			05 + 65 5¥ 0\ 5		
3 ROOMS ON FIRST			ORAGE IN ONE R	ROOM	
I hereby certify and sy	ed license will be of the		same premises now	licensed:	
	e has complied with a	* *	•		
	es are now open for b		_		
SIGNED BY					
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:			EMBI OVER	IDENTIFIC AT	ION NUMBER:
DITE.	TELEPHONE	E NUMBER:	(Note: NOT Ind		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	in)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038800155		CITY OR TOWN	FALL RIV	ER
APPLICATIO:	N FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS			YEAR
LICENSEE NA	AME: DEREK AND	ERIC BEVERAGE CO	MPANY, INC,		
DOING BUSI	NESS A DEREK & F	ERIC BEVERAGE			
ADDRESS 31	7 LINDSEY STREET	•			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER:	MIRANDA, RONALD P.	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:			
		F ONE ROOM ON THE IN A WALK-IN COOL			
3. the	_	with all laws of the Con n for business (If not exp	_	o taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
Please Check Beld APPROVED:	ow:		LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVE	ED:		By:		
(If disapproved	d explain)		-		
DATE:					
DAIL.					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	38800156		CITY OR TOWN	FALL RIVE	ER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: N	IAGARA LIQUO	RS, INC.			
DOING BUSINESS A	PETER'S PACKA	GE STORE			
ADDRESS 971 RODM	AN & 85 JUDSON	1			
CITY/TOWN: FALL R	RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER: ANDRA SYLVIA		E OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
3 ROOMS ON FIRST F BASEMENT	LOOR OF A 2 ST	ORY BLDG. STOR	AGE IN TWO ROO	OMS AND IN	I
SIGNED BY		ousiness (If not explain or Authorized Corpo			
DATE					
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	. IDENTIFICATI	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03880015	7	CITY OR TOWN FALL RI	IVER
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SOUTH E DOING BUSINESS A	END LIQUORS, LLC		
ADDRESS 1751 SO MAIN ST			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02724	
MANAGER: BOYAPATI, SA	IS. TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
8 ROOMS ON FIRST FLOOR (ROOMS ON THE FIRST FLOOR REDEMPTION CENTER WITH	OR AND ONE ROOM ON S		
2. the licensee has comp	* *	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	d
	l, Partner or Authorized Corp	oorate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 038800158		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINESS		AGE STORE IN	IC		
ADDRESS 977-81	S MAIN ST				
CITY/TOWN: FA	ALL RIVER	STATE: N	MA ZIP CODE:	02724	
MANAGER: AG	UIAR, DIANE L TYP	PE OF LICENSE	::Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	SES:			
TWO ROOMS ON BASEMENT	FIRST FLOOR OF A	3 STORY BLD	G. ONE ROOM FOR S'	TOCK IN	
2. the licen	nsee has complied with nises are now open for	all laws of the C business (If not o			
	Individual, Partner	or Authorized C	Corporate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] Dain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	800159		Cľ	TY OR TOWN	FALL RIV	ER	
APPLICATION FOR RENEWAL: Annual			al	LICENSED FOR 2013			
		CLAS	SS			YEAR	
LICENSEE NAME: CLC	OVERDALE FA	RMS, INC.					
DOING BUSINESS A CI	LOVERDALE F	ARMS					
ADDRESS 1892- SOUTH	MAIN ST.						
CITY/TOWN: FALL RIV	VER	STATE:	MA	ZIP CODE:	02724		
MANAGER: NAQVI, IS H.	SHTIAQ TYP	E OF LICEN	SE:Packag	ge Store C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_	
DESCRIPTION OF LICE	NSED PREMIS	ES:					
2 ROOMS ON FIRST FLO	OOR OF A ONE	E STORY BL	DG. ONE	ROOM FOR ST	CORAGE		
I hereby certify and swear	under penalties	of perjury tha	t:				
1. the renewed lice	ense will be of the	he same type	for the san	ne premises now	licensed;		
2. the licensee has	complied with	all laws of the	Common	wealth relating t	o taxes; and		
3. the premises are	e now open for b	ousiness (If no	ot explain l	pelow)			
SIGNED BY							
	ividual, Partner	or Authorized	. Corporate	Officer			
DATE:	TELEPHONE	E MITIMBED.		EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:	
	TELEFHONE	E NUMBER.				Security Number)	
						•	
Please Check Below:			I	OCAL LICENS	SING AUTH	ORITY	
APPROVED:			F	By:			
DISAPPROVED:							
(If disapproved explain)			-				
			-				
			-				
DATE:							



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 038800160		CITY OR TOWN	FALL RIV	ER	
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013			
		CLASS			YEAR	
DOING BUSIN	ME: MIR BROTHEINESS A SOUTH MAIN					
	S SOUTH MAIN ST					
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02721		
MANAGER:	PERVAIZ, ASIF T	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION	N OF LICENSED PREI	MISES:				
3 ROOMS ON	FIRST FLOOR OF A	3 STORY BLDG. ONE	ROOM USED FOR	STOCK		
I hereby certify	and swear under penal	ties of perjury that:				
1. the r	renewed license will be	of the same type for th	e same premises now	licensed;		
2. the 1	icensee has complied w	vith all laws of the Com	monwealth relating to	taxes; and		
3. the p	premises are now open	for business (If not exp	lain below)			
SIGNED BY						
	Individual, Part	ner or Authorized Corp	orate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:	
			(Note: NOT Ind	ividual Social S	ecurity Number)	
Please Check Belov			LOCAL LICENIA	DIG AUTHO		
APPROVED:	w.		LOCAL LICENS	ING AUTHO	JRII Y	
DISAPPROVE	D:		By:			
(If disapproved						
	- ,					
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038800161		CITY OR TOWN	FALL RIVI	ER
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013			013		
		CLASS			YEAR
LICENSEE NA	AME: SWAMINARAYAN	N CORPORATION			
DOING BUSIN	NESS A SUNNY HILL MI	NI MART			
ADDRESS 263	32 SOUTH MAIN ST				
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02724	
MANAGER:	PATEL, Rajeshbhai TYPl R.	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS		
	N OF LICENSED PREMISI		a amon . an ny av	T D C C L L	
	ON FIRST FLOOR OF A		G. STORAGE IN OF	NE ROOM	
, ,	and swear under penalties or and swear under penalties or the		same premises now	licensed:	
	licensee has complied with a		_		
	premises are now open for b		_		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:			EN FOLOVIED	IDENTIFICATE	ION MIN IDED
DATE.	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
				Tradian Social S	county (vamous)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVE			By:		
(If disapproved					
. 11	- ′				
DATE:					
			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800163		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	STAFFORD RO	OAD LIQUORS, INC	1		
DOING BUSINESS	Α				
ADDRESS 440 STA	AFFORD ROAD				
CITY/TOWN: FAI	LL RIVER	STATE: M	A ZIP CODE:	02721	
	COSTA, CLINA	ΓΥΡΕ OF LICENSE:	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
ONE ROOM AT TH STOREROOM	HE S/E CORNER	OF SUPERMARKE	Γ. STORAGE FOR ST	OCK IN A	
2. the licens	see has complied v	* *	the same premises now ommonwealth relating t xplain below)		
	Individual, Par	tner or Authorized Co	orporate Officer		
DATE:	TELEPH	ONE NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 038800164		CITY OR TOWN	FALL KIVI	ZK
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
	AME: DANIELE ONESS A FLINT BE				
ADDRESS 16	50 PLEASANT ST.				
CITY/TOWN:	: FALL RIVER	STATE: MA	ZIP CODE:	02723	
MANAGER:	CAMARA, DANIEL E.	TYPE OF LICENSE: P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PI	REMISES:			
ONE ROOM (	ON THE FIRST FLO	OR OF A ONE STORY	BLDG. SEPARATE A	AREA FOR S	TOCK
2. the	licensee has complie	be of the same type for the d with all laws of the Coren for business (If not expenses)	nmonwealth relating to		
SIGNED BY	Individual, F	Partner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800166		CITY OR TOWN	FALL RIVER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CHAVES, INC	C.		
DOING BUSINESS	A CHAVES MA	ARKET & GIFT SHOP		
ADDRESS 49 COL	UMBIA ST.			
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE:	02721
	AVES, ANUEL P.	TYPE OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	EMISES:		
830 SQ. FT. AREA BASEMENT.	OF ONE ROOM	ON FIRST FLOOR OF	A ONE STORY BL	DG. STORAGE IN
2. the licens	see has complied	e of the same type for the with all laws of the Comin for business (If not expl	nonwealth relating to	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPF	HONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 038800172		CITY OR TOWN	FALL KIV.	EK
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 178 ROB					
CITY/TOWN: FALI		STATE: MA	ZIP CODE:	02722-26	
MANAGER: ROBI		E OF LICENSE: Pac	kage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I					
TWO ROOMS ON T ROBESON ST. STO					
2. the license	ed license will be of the has complied with a ses are now open for b	all laws of the Comr	nonwealth relating		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBE. (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 038800173		CITY OR TOW	VN FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A	OCIAL CLUB, INC			
ADDRESS 245 PLAI				02722	
CITY/TOWN: FALI		STATE: MA			
MANAGER: MEDI S.	EIROS,DAVIDTY	PE OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
TWO ROOMS ON T STORY BLDG. STO	HE FIRST FLOOI	R AND ONE ROOM			7O
2. the license	e has complied wit es are now open fo	f the same type for the hall laws of the Control business (If not extended the control of the co	mmonwealth relatin		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICA	
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	nspector and the he	ad of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUM	BER: 038800175	(	CITY OR TOWN FALL I	RIVER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAM	ME: KING PHILIP YA	CHT CLUB, INC.		
DOING BUSINI	ESS A			
ADDRESS 1 CL	LUB STREET			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02722	
	AGUIAR, JOSEPH TYI M.	PE OF LICENSE: Club	CATEGOR	RY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	SES:		
	MENT FLOOR & KITC WO STORY BLDG. AN		TSIDE DECK ON THE SE	COND
I hereby certify a	and swear under penalties	of perjury that:		
1. the re	enewed license will be of	the same type for the s	ame premises now licensed;	;
2. the lie	censee has complied with	all laws of the Commo	onwealth relating to taxes; a	nd
3. the pr	remises are now open for	business (If not explain	n below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
			(Note: NOT Individual Soc	rial Security Number)
Acts of 2004, si	gned by the building in	spector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below	<u>":</u>		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiaiii)			
DATE:				



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LICENSE NUMBER:	038800176		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 52 EAST N	MAIN STREET				
CITY/TOWN: FALL	RIVER	STATE: MA	ZIP CODE:	02722-26	
MANAGER: WALT	ON, KEVIN JTYPE	E OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION OF LI KITCHEN AND ONE FLOOR.	ROOM ON FRIST	FLOOR OF A T		STORAGE O	N 2ND.
2. the licensee	license will be of th	ne same type for tall laws of the Co	he same premises now mmonwealth relating t plain below)		
SIGNED BY	Individual, Partner o	or Authorized Co.	rporate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	y the building insp	ector and the h	ead of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 038800177		CITY OR TOWN I	FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
DOING BUSINESS A		, INC.	
ADDRESS 199 SOUTH MAIN ST		ZID CODE	00700
CITY/TOWN: FALL RIVER	STATE: MA		02720
MANAGER: SILVA, LIBERAL	TYPE OF LICENSE: Res	taurant CAT	TEGORY: All Alcohol
EMAIL ADDRESS:			
	FOUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PI CAFE WITH LOUNGE, SEATING		PST FLOOR	
I hereby certify and swear under pe		COLLEGER	
•	be of the same type for the	same premises now lic	censed;
	ed with all laws of the Comm	*	
3. the premises are now op	en for business (If not expla	in below)	
SIGNED BY Individual, F	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	of the fire departme	ent for the above
Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:		By:	
DISAPPROVED: [] (If disapproved explain)			
(11 disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.	.L. Ch. 138 \$ 16A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800181		CITY OR TOWN F	ALL RIVER	
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013	
		CLASS		YEAR	
LICENSEE NAME	MARQUES M	IARKET, INC.			
DOING BUSINESS	A MARQUES I	MARKET			
ADDRESS 1744 N.	MAIN STREET				
CITY/TOWN: FA	LL RIVER	STATE: MA	ZIP CODE:	)2722-26	
	RQUES, RIA G.	TYPE OF LICENSE:P	ackage Store CAT	EGORY: Wine and Malt Regular	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
		ORAGE ROOM ON TOOLER AND BASEME	HE FIRST FLOOR OF A	ONE STORY	
2. the licens	see has complied	* *	ne same premises now lic nmonwealth relating to table plain below)		
SIGNED BY	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPF	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSIN By:	G AUTHORITY	
DATE:			-		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 038800182		CITY OR TOWN	FALL RIV	ER
APPLICATION	FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	ME: COUSIN MIKE	S PIZZA,INC.			
DOING BUSINI	ESS A COUSIN MIK	E'S PIZZA			
ADDRESS 128	EAST MAIN ST				
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02722	
	GATOS, T ARISTOTELIS A.	TYPE OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	OF LICENSED PREM				
TWO ROOMS (	ON FIRST FLOOR OF	F ONE STORY BLDG	. STORAGE IN KIT	ICHEN	
	remises are now open	rith all laws of the Comfor business (If not exp	lain below)	to taxes; and	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT	
			(Note: <u>NOT</u> In	dividual Social S	Security Number)
Acts of 2004, si	gned by the building	are in possession (1) the inspector and the heater of liquor liability instant	d of the fire depart	tment for the	above
Please Check Below	<u>:</u>		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved 6					
(11 disappioved t	Apium)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)38800183		CITY	OR TOWN	FALL RIV	ER
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BANDA SENORA	A DACONCEICAC	MOSTE	IRENSE, IN	C	
DOING BUSINESS A						
ADDRESS 369 HOPE	ST					
CITY/TOWN: FALL	RIVER	STATE: MA	A Z	IP CODE:	02722	
MANAGER: PERRY	, JOHN A TY	PE OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	R EMAIL ADD	RESS		_
DESCRIPTION OF LI						
KITCHEN AND TWO FLOOR OF A TWO ST				E ROOM ON	THE SECO	ND
		——————————————————————————————————————	WILINI			
Thomas and Committee	1					
I hereby certify and swe	•	s of perjury that: f the same type for t	he same r	remises now	licensed:	
		h all laws of the Co	_			
		r business (If not ex		C	o tantos, ano	
SIGNED BY						
]	Individual, Partne	r or Authorized Cor	porate O	fficer		
DATE						
DATE:	TELEPHON	NE NUMBER:	,			TION NUMBER: Security Number)
			(	Note. NOT III	iividuai Sociai S	ecuity Number)
We the undersigned,						
Acts of 2004, signed by named license and (2)	•	_		_		
of 2010.		1		1		
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:	-		By:			
DISAPPROVED:						
(If disapproved explain	)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03880	00184	CITY OR TOWN	I FALL RIVER
APPLICATION FOR RENI	EWAL: Annu	al LICE	NSED FOR 2013
	CLAS	SS	YEAR
LICENSEE NAME: YU Y	TINC.		
DOING BUSINESS A LIT	TLE CHOPSTIKS REST.		
ADDRESS 4171 NORTH	MAIN ST		
CITY/TOWN: FALL RIV	ER STATE:	MA ZIP CODE:	02720
MANAGER: PAN,WEN	TYPE OF LICEN	SE:Restaurant (	CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
TWO ROOMS ON THE FI COOLER			E IN WALK IN
<ul><li>2. the licensee has of</li><li>3. the premises are</li></ul>	nder penalties of perjury that hase will be of the same type complied with all laws of the now open for business (If no	for the same premises not e Commonwealth relating	
SIGNED BY Indiv	ridual, Partner or Authorized	l Corporate Officer	
DATE:	TELEPHONE NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)
Acts of 2004, signed by th	et that we are in possession e building inspector and the certificate of liquor liabili	ı (1) the certificate requi ne head of the fire depar	red by Chapter 304 of the tment for the above
Please Check Below:		LOCAL LICEN	ISING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:038800185		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 00280- 28	84 MAIN STREET				
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: TRAI	N, ANN HUU TY	PE OF LICENSE:Pa	ckage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF I					
TWO ROOMS ON T IN COOLER, REAR			BLDG. STORAGE	E WILL BE A	WALK
3. the premis	•	h all laws of the Com r business (If not expl	_	to taxes; and	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 038800186		CITY OR TOW	N FALL KIV	EK
APPLICATION FO	R RENEWAL	: Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
	A STAR MA	RKET COFFEE SHOP			
ADDRESS 317 BA					
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: KEI	DY, ELIE	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF ONE ROOM ON TI AND STOREROOM	LICENSED P	T OUR WEBSITE AND ENTER YOUR REMISES: OOR OF A ONE STORY I		IN WALK IN	COOLER
2. the licens	see has complicises are now op	l be of the same type for the ed with all laws of the Compen for business (If not exp	nmonwealth relating		
	Individual,	Partner or Authorized Corp	oorate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	8800188		CITY OR TOW	N FALL RIV	/ER
APPLICATION FOR REI	NEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: TIT	CAN CORPORATION				
DOING BUSINESS A SI	HAKER CONVIENCE	STORE			
ADDRESS 338 QUARRY	Y STREET				
CITY/TOWN: FALL RI	VER STA	TE: MA	ZIP CODE	02724	
MANAGER: DeMEDE SCOTTY	IROS, TYPE OF L	ICENSE: Pac	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE AND	ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
FREE STANDING BUILD PRODUCTS IN THE BEIL ABUTTING COOLER.					CASE IN
I hereby certify and swear	under penalties of perju	ry that:			
1. the renewed lic	cense will be of the same	type for the	same premises r	ow licensed;	
2. the licensee has	s complied with all laws	of the Comn	nonwealth relatir	ng to taxes; and	
3. the premises ar	re now open for business	(If not expla	in below)		
SIGNED BY			0.00		
Ind	lividual, Partner or Auth	orized Corpo	rate Officer		
DATE					
DATE:	TELEPHONE NUM	BER:		YER IDENTIFICA Individual Social	
			(1101c. <u>1101</u>	individual Social	Security (valider)
Please Check Below:			LOCAL LICE	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					<del></del> -
			-		



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LICENSE NUMBER	R: 038800190		CITY OR TO	WN FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ASSOCIACAO (	CULTURAL LUSITA	NIA, INC		
DOING BUSINESS	A				
ADDRESS 151 SOU	JTH MAIN ST				
CITY/TOWN: FAI	L RIVER	STATE: MA	ZIP CODE	E: 02720	
MANAGER: CAR H.	REIRO, LUIS T	YPE OF LICENSE:CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTION OF					
HALL AND ONE R BASEMENT	OOM ON FIRST F	FLOOR; TWO ROOM	S AND ONE RO	OM FOR STOP	RAGE IN
I hereby certify and s	swear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	e same premises	now licensed;	
2. the licens	ee has complied wi	ith all laws of the Com	monwealth relati	ing to taxes; and	
3. the premi	ses are now open fo	or business (If not expl	lain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	<u>T</u> Individual Social S	Security Number)
Acts of 2004, signe	d by the building i	re in possession (1) thinspector and the hea of liquor liability inst	d of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aiii)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800191		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARISQUEIRA	AZORES RESTAU	RANT INC.		
DOING BUSINESS	A RESTAURAN	Γ MARISQUEIRA A	ZORES		
ADDRESS 1445 SC	OUTH MAIN ST				
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE:	02724	
MANAGER: SOU M.	JSA, VALTER T	YPE OF LICENSE: F	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF		IISES:			
3 rooms, one floor o					
I hereby certify and	•		ne same premises now	licensed:	
		* *	nmonwealth relating t		
	•	or business (If not ex	•		
SIGNED BY					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note. NOT In	arviduai Sociai S	Security Number)
Acts of 2004, signe	d by the building i	nspector and the he	the certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICENS	SING ALITH	ORITY
APPROVED:			LOCAL LICEN	1110 110 111	OKITI
DIGADDECTIES			By:	JI VO 710 111	OKIT I
DISAPPROVED: [	ain)			JINO 710 111	
DISAPPROVED: [(If disapproved expl	ain)				
-	ain)				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 038800194		CITY OR TOWN FALL RIV	ER
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	IE: BELARMINO	ADAES AND JUDITE	V. ADAES	
DOING BUSINE	SS A MAPLEWOO	D SUPERETTE		
ADDRESS 1555	STAFFORD RD			
CITY/TOWN: F	ALL RIVER	STATE: MA	ZIP CODE: 02721	
	DAES, ELARMINO	ΓΥΡΕ OF LICENSE: Pac	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION (	OF LICENSED PRE	MISES:		
	emises are now open	for business (If not expl		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Please Check Below: APPROVED:			LOCAL LICENSING AUTH	ORITY
DISAPPROVED:	:		By:	
(If disapproved ex	xplain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 038800195		CITY (	OR TOWN	FALL RIVE	ER
APPLICATION	N FOR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS			,	YEAR
LICENSEE NA	ME: SOCIEDADE CULT	URAL ACORI	EANA, INC.			
DOING BUSIN	JESS A					
ADDRESS 217	SOUTH MAIN ST					
CITY/TOWN:	FALL RIVER	STATE: N	1A ZIF	P CODE:	02720	
	Dos Santos, Joao TYPE Luis	OF LICENSE	:Club	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	UR EMAIL ADDR	ESS		
DESCRIPTION	NOF LICENSED PREMISE	S:				
TWO ROOMS ROOM	ON THE GROUND FLOOI	R OF A THRE	E STORY B	SLDG STOR	AGE IN LO	CKED
I hereby certify	and swear under penalties of	f perjury that:				
1. the r	renewed license will be of the	e same type for	the same pr	remises now	licensed;	
2. the 1	icensee has complied with al	l laws of the C	ommonweal	th relating to	taxes; and	
3. the p	premises are now open for bu	isiness (If not e	explain belov	w)		
SIGNED BY						
	Individual, Partner or	Authorized C	orporate Off	icer		
			ſ			
DATE:	TELEPHONE	NUMBER:	()		IDENTIFICATI	
			(N	note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, s	signed, attest that we are in signed by the building inspo and (2) the certificate of li	ector and the	head of the	fire departn	nent for the	above
Please Check Belov	<u>w:</u>		LOCA	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						



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LICENSE NU	MBER: 038800196		CITY OR TOWN	FALL RIVER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: SUN CHINA	, INC.		
DOING BUSI	NESS A			
ADDRESS 75	2 BRAYTON AVE.			
CITY/TOWN:	: FALL RIVER	STATE: MA	ZIP CODE:	02720
MANAGER:	DENG, TAMMY HUI MING	TYPE OF LICENSE: Re	estaurant CAT	TEGORY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
KITCHEN AN AND BASEM		FIRST FLOOR OF ONE	STORUY BLG D. STO	OCK IN KITCHEN
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	e same premises now li	censed;
2. the	licensee has complied	l with all laws of the Com	monwealth relating to t	taxes; and
3. the	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
			(Note: NOT Indivi	idual Social Security Number)
We the under	rsigned, attest that w	e are in possession (1) th	e certificate required	by Chapter 304 of the
		ng inspector and the hea		
of 2010.	e and (2) the certhica	ate of liquor liability inst	irance required by Ci	napter 110 of the Acts
Please Check Belo	ow:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	NO MO MIOIGIT
DISAPPROVI	ED:			
(If disapproved	d explain)		-	
DATE:				
DAID.				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 038800197		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: PAPA GINO'S, INC.				
DOING BUSINES	S A PAPA GINO'S				
ADDRESS 340 M	ARIANO BISHOP BLVD	) <b>.</b>			
CITY/TOWN: FA	ALL RIVER	STATE: MA	ZIP CODE:	02721	
MANAGER: SO	UZA, MICHAEL TYPE (	OF LICENSE: Re	staurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSI	ΓE AND ENTER YOUR E	MAIL ADDRESS		-
	F LICENSED PREMISES				
KITCHEN AND O SEPARATE STOR	DNE ROOM ON FIRST FI RAGE ROOM.	LOOR OF ONE S	STORY BLDG . ST	ORAGE IN	
I hereby certify and	l swear under penalties of	perjury that:			
	wed license will be of the	• •	-		
	nsee has complied with all		ĕ	to taxes; and	
3. the pren	nises are now open for bus	iness (If not expl	ain below)		
GIGNED DV					
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	JUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, sign	ned, attest that we are in ned by the building inspect d (2) the certificate of liq	ctor and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:	]		By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp	лаш)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800198		CITY OR TOWN	FALL RIV	ER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ST. ANTHONY'S B	AND OF FALL RI	VER INC		
DOING BUSINESS A					
ADDRESS 1040 PINI	E STREET				
CITY/TOWN: FALL	RIVER	STATE: MA	ZIP CODE:	02720	
MANAGER: CETA	NO, JOSEPH TYPE	E OF LICENSE: Ch	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					7
DESCRIPTION OF L social club on the first I hereby certify and sw 1. the renewed 2. the licensee	floor with bar, hall o	ES: on second floor of perjury that: ne same type for the all laws of the Communications (If not explant	same premises now monwealth relating t ain below)		
DATE:	TELEPHONE	NUMBER:			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the head	d of the fire depart rance required by	ment for the Chapter 116	above of the Acts
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	URITY
DISAPPROVED:			By:		
(If disapproved explain	1)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03880	0199	CITY OR TOWN	FALL RIVER
APPLICATION FOR RENE	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LEON DOING BUSINESS A THE			
ADDRESS 4 HARTWELL	STREET		
CITY/TOWN: FALL RIVE	STATE: M	IA ZIP CODE:	02722
MANAGER:	TYPE OF LICENSE	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YO	JR EMAIL ADDRESS	
	SED PREMISES: OR OF A ONE STORY BLDC I 6 TABLES AND 24 SEATS		HEN & BASEMENT.
2. the licensee has c	se will be of the same type for omplied with all laws of the Conow open for business (If not e	ommonwealth relating to	
SIGNED BY Indivi	dual, Partner or Authorized Co	orporate Officer	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by the	that we are in possession (1 building inspector and the l certificate of liquor liability i	nead of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 038800201		CITY OR TOWN FALL RIVER
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: FRWSC, IN	C.	
DOING BUSI	NESS A WATERS	TREET CAFE	
ADDRESS 36	WATER ST		
CITY/TOWN	: FALL RIVER	STATE: MA	ZIP CODE: 02722
MANAGER:	PADILLA, JEANNE M.	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADD	RESS:		
		T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
	ON OF LICENSED P		DI DC OUTDOOD DATIO STROPACE
IN CELLAR	S ON THE FIRST FI	LOOK OF A ONE STORY	BLDG. OUTDOOR PATIO. STRORAGE
I hereby certif	y and swear under pe	enalties of perjury that:	
1. the	renewed license will	be of the same type for the	same premises now licensed;
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; and
3. the	premises are now op	en for business (If not expl	ain below)
SIGNED BY			. 000
	Individual, I	Partner or Authorized Corpo	orate Officer
DATE:	TELE	DHONE NUMBED.	EMPLOYER IDENTIFICATION NUMBER:
	IELE	PHONE NUMBER:	(Note: NOT Individual Social Security Number)
*** 41 1		. (1) (1	
	_	=	e certificate required by Chapter 304 of the d of the fire department for the above
			rance required by Chapter 116 of the Acts
Please Check Bel			LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROV.			
(If disapprove	d explain)		
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	038800202		CITY OR TOWN	V FALL KIV	EK
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	W&L ENTERPRISE	S, INC.			
DOING BUSINESS A	A RACK 'EM UP BIL	LIARDS			
ADDRESS 129 GRIF	FFIN STREET				
CITY/TOWN: FALL	RIVER	STATE: MA	ZIP CODE:	02722	
MANAGER: COHE	EN, LARRY A. TYPE	OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
I beneficial and the		C			
I hereby certify and sv	d license will be of the		sama pramisas no	w licancad:	
	e has complied with all	* *	-		
	es are now open for bu		_	, to taxes, and	
	-				
SIGNED BY					
	Individual, Partner or	Authorized Corpor	rate Officer		
DATE					
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT Individual Social S	
			(110te) <u>1101</u> 1	narviduai bociai c	security (valider)
We the undersigned					
Acts of 2004, signed named license and (2					
of 2010.					
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	<del></del>		By:		
DISAPPROVED: [If disapproved explain					
(11 disapproved explai	··· <i>)</i>				
DATE:					_



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LICENSE NUMBEI	R: 038800203		CITY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PO CHING TSO	)			
DOING BUSINESS	A CHINA STAR	RESTAURANT			
ADDRESS 390 RHO	ODE ISLAND AV	Е			
CITY/TOWN: FAI	LL RIVER	STATE: MA	ZIP CODE:	02722	
MANAGER: TSO	,CHING PO T	YPE OF LICENSE:R	estaurant (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
TWO ROOMS ON	THE FIRST FLOO	OR OF A ONE STOR	Y BLDG. STORAGI	E IN STORER	OOM
I hereby certify and	•				
		of the same type for the	•		
	=	ith all laws of the Cor or business (If not exp	_	to taxes; and	
3. the premi	ses are now open in	or business (if not exp	Jiani ociow)		
SIGNED BY					
SIGINED DI	Individual, Partn	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
Acts of 2004, signe	d by the building i	re in possession (1) t inspector and the he of liquor liability ins	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	 ain)				
, and the same	/				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	Y LICENSEES DURING THE	MONTH OF NOVEMBER (	M.G.L. Ch. 138 \$ 10	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038	800204		CITY	OR TOWN	FALL RIV	ER
APPLICATION FOR REN	NEWAL:	Annual	l	LICEN	ISED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: PAT	TTI'S PIEROGIS	INC				
DOING BUSINESS A						
ADDRESS 1019 SOUTH	MAIN STREET					
CITY/TOWN: FALL RIV	VER	STATE:	MA ZI	P CODE:	02722	
MANAGER: GEARY, F	'ATRICIA TYPE	OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LICE						
TWO ROOMS ON THE F STORAGE IN THE STOR		ASEMENT I	LEVEL) OF	A THREE S	STORY BLDO	G.
I hereby certify and swear	under penalties of	neriury that:				
1. the renewed lice	-			remises now	licensed;	
2. the licensee has		• •	-			
3. the premises are	e now open for bu	siness (If not	explain belo	ow)		
SIGNED BY	ividual, Partner or	. Authorized (	Composite Of	÷.		
indi	vidual, Partner or	Authorizea (	corporate Of	ncer		
DATE:	TELEDITONE	NIIIMDED.		EMPI OVE	R IDENTIFICAT	TON NUMBER:
<b>51112</b> .	TELEPHONE 1	NUMBER:	(			ecurity Number)
We the undersigned, atto Acts of 2004, signed by t						
named license and (2) th						
of 2010.						
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
( See Fig. 1 on outside )						
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 038800209		CITY OR TOWN	FALL RIVER	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: MARIO PAV	'AO			
DOING BUSIN	NESS A BELLA RE	STAURANT			
ADDRESS 19	SULLIVAN DRIVE				
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02722	
MANAGER:	PAVAO, MARIO	TYPE OF LICENSE: R	estaurant C	CATEGORY: All Alcohol	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PR	EMISES:			
BATHROOMS		' BUILDING, LARGE FO CHEN AREA, STORAGE ATS.			
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for th	e same premises nov	v licensed;	
2. the 1	licensee has complied	d with all laws of the Con	nmonwealth relating	to taxes; and	
3. the 1	premises are now ope	en for business (If not exp	lain below)		
					_
SIGNED BY					
	Individual, P	artner or Authorized Corp	oorate Officer		
					7
DATE:					J
DATE.	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)	
			(****** <u>*****</u> III	arvidual Social Security (validor)	
Acts of 2004,	signed by the buildi	ng inspector and the hea	ad of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts	
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0388	800210		CITY OR TOWN	FALL RIVER	
APPLICATION FOR REN	NEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: SKY DOING BUSINESS A SK					
ADDRESS 30 THIRD ST	REET				
CITY/TOWN: FALL RIV	/ER S'	TATE: MA	ZIP CODE:	02722	
MANAGER: MEDEIRO A	S,JOSHU TYPE OF	LICENSE: Res	taurant Ca	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICEN					
THIRD FLOOR OF A TH			SEPARATE ROO	M.	
I hereby certify and swear	under penalties of pe ense will be of the sa		same premises now	licensed:	
	complied with all la	* -	•		
	e now open for busin		· ·	,	
			,		
SIGNED BY					
	vidual, Partner or Au	nthorized Corpo			
	vidual, Partner or Au	nthorized Corpo			
Indi			rate Officer		
	vidual, Partner or Au		rate Officer  EMPLOYER	R IDENTIFICATION NUMBER:	
Indi			rate Officer  EMPLOYER	R IDENTIFICATION NUMBER: lividual Social Security Number)	
Indi	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require	ed by Chapter 304 of the ment for the above	
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above	
DATE:  We the undersigned, atte Acts of 2004, signed by the total license and (2) the of 2010.  Please Check Below: APPROVED:	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE:  We the undersigned, atte Acts of 2004, signed by the total license and (2) the of 2010.  Please Check Below: APPROVED:	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NU est that we are in po he building inspecto	MBER: essession (1) the or and the head	EMPLOYER (Note: NOT Inc.) c certificate require of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	



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LICENSE NU	MBER: 038800211		CITY OR TOWN FALL RIV	ER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
DOING BUSI	AME: JOE'S FAMILY RI NESS A 6 MARIANO BISHOP BC			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02722	
MANAGER:	GANEM, JOSEPG TYPEF.	PE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTIO	N OF LICENSED PREMIS	SES:		
THREE ENTR	RANCES, STORAGE IN S	TOCK ROOM AND	COOLER.	
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed;	
2. the	licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004,	signed by the building ins	spector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Belo			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER: 038800212		CITY OR TOWN FALL RIVI	EK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: EAGLE PERF	ORMING ARTS & EVE	NTS	
DOING BUSINESS A EAGLE PER	RFORMING ARTS & EVI	ENTS CENTER ,INC	
ADDRESS 35 NORTH MAIN STRI	EET		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02722	
MANAGER: DONOVAN, JEREM IAH J.	TYPE OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	1
DESCRIPTION OF LICENSED PRI	EMISES:		
2 STORY BUILDING FUNCTION FRONT OF BLDG.,EXIT TO GRAI			SIDE
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	be of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now open	n for business (If not expla	ain below)	
SIGNED BY			
Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social So	ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	ng inspector and the head	l of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
		-	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 038800213		CITY OR TOWN	ALL RIVER
APPLICATION I	FOR RENEWAL:	Annual	D FOR 2013	
		CLASS		YEAR
LICENSEE NAM	IE: RIVERSIDE	SPORTS BAR & RESTA	AURANT INC.	
DOING BUSINE	SS A			
ADDRESS 31 RO	ODMAN STREET	•		
CITY/TOWN: F	ALL RIVER	STATE: MA	ZIP CODE:	02722
	MENEZ, RANCISCO S.	TYPE OF LICENSE: Re	estaurant CAT	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION (	OF LICENSED PR	REMISES:		
SIDE EXITS/EN	TRANCES ON W	JRANT W/BARONE I EST SIDE OF BLDGS STORAGE IN THE BAC	EATING FOR 32 PEO	
I hereby certify ar	nd swear under per	nalties of perjury that:		
1. the ren	newed license will	be of the same type for the	e same premises now lic	ensed;
2. the lice	ensee has complied	d with all laws of the Com	monwealth relating to ta	axes; and
3. the pre	emises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER ID	DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, sig	ned by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	kplain)			
DATE:				



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14	CITY OR TOWN FALL	RIVER
AL: Annual	LICENSED FO	R 2013
CLASS		YEAR
ENTURES INC.		
OUSE GRILLE		
STREET		
STATE: MA	A ZIP CODE: 02722	
HN TYPE OF LICENSE:	Restaurant CATEGOR	RY: All Alcohol
VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
O PREMISES:		
r penalties of perjury that:		
will be of the same type for t	he same premises now licensed	<b>;</b>
plied with all laws of the Co	mmonwealth relating to taxes; a	and
v open for business (If not ex	plain below)	
al, Partner or Authorized Con	porate Officer	
LEPHONE NUMBER:	EMPLOYER IDENTIF	
	(Note: NOT Individual Soci	cial Security Number)
uilding inspector and the he	ead of the fire department for	the above
	LOCAL LICENSING AU	THORITY
	By:	
	-	
	-	
	AL: Annual CLASS ENTURES INC. OUSE GRILLE INSTREET STATE: MA HIN TYPE OF LICENSE: F  VISIT OUR WEBSITE AND ENTER YOUR D PREMISES: LEVEL, ENTRANCE ON SO IEN/STORAGE/COOLER A r penalties of perjury that: will be of the same type for to applied with all laws of the Cool w open for business (If not ex  ELEPHONE NUMBER:  CLEPHONE NUMBER:	AL: Annual LICENSED FOR CLASS  ENTURES INC. OUSE GRILLE IN STREET  STATE: MA ZIP CODE: 02722  HIN TYPE OF LICENSE: Restaurant CATEGOR  VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: LEVEL, ENTRANCE ON SOUTH MAIN STREET AND INTERVIOUR EMAIL ADDRESS TO PREMISES:  LEVEL, ENTRANCE ON SOUTH MAIN STREET AND INTERVIOUR EMAIL ADDRESS TO PREMISES: TO PREMISES: TO PREMISES: TO PREMISES: TO PREMISES: TO PREMISES: TO PREMISE STREET AND INTERVIOUR EMAIL ADDRESS TO PREMISES: TO PREMISE STREET AND INTERVIOUR EMAIL ADDRESS TO PREMISE STREET AND



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LICENSE NUI	VIBER: 038800215		CITY OR TOWN FALL RIV	EK
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: ADAGIO PIANO LO	OUNGE, INC		
DOING BUSIN	NESS A			
ADDRESS 227	7 SOUTH MAIN STREET			
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE: 02722	
MANAGER:	SOUSA, SIMON P. TYPE	OF LICENSE: Res	ctaurant CATEGORY:	All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION	N OF LICENSED PREMISE	ES:		
	COMMERCIAL BUILSING NCE AND EXIT AON MOR		CE AND EXIT ON SO MAIN S CORSGE IN BASEMENT.	TREET
I hereby certify	and swear under penalties o	f perjury that:		
1. the	renewed license will be of th	e same type for the	same premises now licensed;	
2. the 1	licensee has complied with a	ll laws of the Comm	nonwealth relating to taxes; and	
3. the 1	premises are now open for bu	usiness (If not expla	nin below)	
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
Acts of 2004,	signed by the building insp	ector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	скрішіі)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LICI	ENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800	0217	CITY OR TOWN FALL RIV	ER
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: TEIXE	EIRA RESTAURANTS, INC.		
DOING BUSINESS A VAZ	ONI'S PIZZEIRA		
ADDRESS 144 RODMAN S	TREET		
CITY/TOWN: FALL RIVE	R STATE: M	MA ZIP CODE: 02722	
MANAGER: TEIXEIRA,I	LUIS C. TYPE OF LICENSE	:Restaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	_
DESCRIPTION OF LICENS	ED PREMISES:		
	T AND SINGLE DOORS ON	JBLE DOOR IN CENTER OF BUIL NEASTERLY AND SOUTHERLY	LDING
I hereby certify and swear un-	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for	the same premises now licensed;	
2. the licensee has co	omplied with all laws of the C	ommonwealth relating to taxes; and	
3. the premises are n	ow open for business (If not e	explain below)	
SIGNED BY Individ	dual, Partner or Authorized C	orporate Officer	
D A TIPE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
		(170te. HOI murviduai Sociai S	Security Number)
Acts of 2004, signed by the	building inspector and the l	) the certificate required by Chapt head of the fire department for the insurance required by Chapter 110	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п ызарргочей ехріані)			
DATE:			



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LICENSE NUMBER	:038800218		CITY OR TO	JWN FALL RIV	EK
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MI TERRA CO	ORP.			
DOING BUSINESS .	A MI TERRA R	RESTAURANT			
ADDRESS 1393 RO	DMAN STREE?	Γ			
CITY/TOWN: FAL	L RIVER	STATE: MA	ZIP COD	DE: 02722	
MANAGER: THE	N, YIENA	TYPE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF I	LICENSED PRE	MISES:			
LOCATED ON THE	SIDE OF THE PENS UP TO THE	IALE AND FEMALE R DINING ROOM AND ' HE PARKING LOTT E PARKING LOT	THERE IS AN	EXIT LOCATED	IN
I hereby certify and s	wear under penal	lties of perjury that:			
1. the renewe	ed license will be	e of the same type for the	e same premise	s now licensed;	
		with all laws of the Com		ating to taxes; and	
3. the premis	ses are now open	for business (If not exp	lain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:					
DATE:	TELEPH	ONE NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
			(110te. <u>11</u>	OI marviduai sociai s	security Number)
Acts of 2004, signed	by the building	are in possession (1) the graph inspector and the hear of liquor liability ins	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE.					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 038800219		CI	TY OR TOWN	FALL RIV	ER
APPLICATION FO	R RENEWAL:	Annual LICENSED FOR 2013			013	
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 75 FER	A THE TIPSY					
CITY/TOWN: FA		STATE:	MA	ZIP CODE:	02722	
MANAGER: LUN		TYPE OF LICEN	SE: Restau	rant (	CATEGORY:	All Alcohol
EMAIL ADDRESS						
DESCRIPTION OF		UR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
TWO DOORS BAC SECOND FLOOR,	CK LEFT CORNE	ER, EXIT SECON	O FLOOR	RIGHT, KITC	HEN NORTH	SIDE
2. the licens	see has complied	e of the same type with all laws of the for business (If no	Common	wealth relating		
SIGNED BY	Individual, Par	tner or Authorized	Corporate	e Officer		
DATE:	TELEPH	IONE NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	g inspector and th	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)			LOCAL LICEN 3y:	SING AUTHO	ORITY
DATE:			-			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 038800	)220	CITY OR TOWN	FALL RIVE	ER
APPLICATION FOR RENEV	WAL: Annual	LICE	NSED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: QUAN	G'S KITCHEN, INC,			
DOING BUSINESS A				
ADDRESS 1236 PLEASANT	STREET			
CITY/TOWN: FALL RIVER	R STATE: N	AA ZIP CODE:	02722	
MANAGER: PUONG, SCO	OTT TYPE OF LICENSE	::Restaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LICENS	ED PREMISES:			
GROUND FLOOR PREMISI ENTRANCE IN THE FRON' BUILDING, STORAGE IN E	Γ AND EGRESS IN THE RI			
I hereby certify and swear und	ler penalties of perjury that:			
	e will be of the same type for	•		
	mplied with all laws of the C	_	to taxes; and	
3. the premises are no	ow open for business (If not e	explain below)		
SIGNED BY Individ	lual, Partner or Authorized C	Corporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	ION NUMBER:
		(Note: NOT In	ndividual Social Se	ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the co of 2010.	building inspector and the	head of the fire depart	tment for the	above
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
DATE:				



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LICENSE NUN	MBER: 038800221		CITY OR TOWN	FALL RIVER
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: MYST TEQ	UILA LOUNGE LLC		
DOING BUSIN	NESS A RED CEDA	AR		
ADDRESS 108	32 DAVOL STREET	Γ		
CITY/TOWN:	FALL RIVER	STATE: MA	ZIP CODE:	02722
	GENDREAU, CRAIG	TYPE OF LICENSE: Re	estaurant CA'	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	<u></u>
DESCRIPTION	N OF LICENSED PI	REMISES:		
IS ALSO A SM 18THERE WI	IALL LOUNGE AR	S AT THE BAR ALONG VEA TO THE LEFT OF THE DURTYARD WITH A BA	HE ENTRANCE THA	T SEATS
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	e same premises now li	icensed;
	•	ed with all laws of the Com	_	taxes; and
3. the p	premises are now op	en for business (If not expl	ain below)	
SIGNED BY	Individual, P	Partner or Authorized Corpo	orate Officer	
DATE:			EMDI OVED I	DENTIFICATION NUMBER:
DITTE.	TELEI	PHONE NUMBER:		vidual Social Security Number)
Acts of 2004, s	signed by the buildi	we are in possession (1) th ing inspector and the hea- cate of liquor liability insu	d of the fire departm	ent for the above
Please Check Belov	w:		LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE			•	
(If disapproved	explain)			
				<u> </u>
DATE:				
DAIL.				



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LICENSE NUMBER: 038800222	Cľ	ΓY OR TOWN FA	LL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: ED'S FAMOUS BE	BQ LLC		
DOING BUSINESS A			
ADDRESS 756 BRAYTON			
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02	722
MANAGER: JOHNSON, TYP EDWARD	PE OF LICENSE: Restaur	rant CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
FIRST FLOOR CONSISTING OF 2 DINIENTRANCE IN FIRST DINING ROOM,			
ROOM AND ONE IN THE KITCHEN, S			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the sam	e premises now licer	ised;
2. the licensee has complied with		=	es; and
2 4	1 ' /TC . 1 ' 1	1 \	
3. the premises are now open for	business (If not explain t	pelow)	
3. the premises are now open for	business (If not explain t	elow)	
SIGNED BY			
SIGNED BY	or Authorized Corporate		
SIGNED BY			
SIGNED BY Individual, Partner	or Authorized Corporate	Officer	ITIEICATION NUMBER.
SIGNED BY	or Authorized Corporate	Officer  EMPLOYER IDEN	NTIFICATION NUMBER:
SIGNED BY Individual, Partner	or Authorized Corporate	Officer  EMPLOYER IDEN	NTIFICATION NUMBER: al Social Security Number)
SIGNED BY Individual, Partner	or Authorized Corporate  E NUMBER:  in possession (1) the cespector and the head of	EMPLOYER IDEN (Note: NOT Individual	of Chapter 304 of the for the above
SIGNED BY  Individual, Partner  DATE:  TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of	or Authorized Corporate E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDEN (Note: NOT Individual	7 Chapter 304 of the for the above oter 116 of the Acts
SIGNED BY  Individual, Partner  DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:	or Authorized Corporate E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDEN (Note: NOT Individual rtificate required by the fire department ce required by Chap	7 Chapter 304 of the for the above oter 116 of the Acts
SIGNED BY  Individual, Partner  DATE:  TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	or Authorized Corporate E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDEN (Note: NOT Individual rtificate required by the fire department ce required by Chap	7 Chapter 304 of the for the above oter 116 of the Acts
SIGNED BY  Individual, Partner  DATE: TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:	or Authorized Corporate E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDEN (Note: NOT Individual rtificate required by the fire department ce required by Chap	7 Chapter 304 of the for the above oter 116 of the Acts
SIGNED BY  Individual, Partner  DATE:  TELEPHONI  We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	or Authorized Corporate E NUMBER: in possession (1) the cespector and the head of liquor liability insuran	EMPLOYER IDEN (Note: NOT Individual rtificate required by the fire department ce required by Chap	7 Chapter 304 of the for the above oter 116 of the Acts



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umber)  of the



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LICENSE NUMBER: 038800225		CITY OR TOWN FALL RIVER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DAVOL GROUP LI	LC	
DOING BUSINESS A JERRY REMY'S S	PORTS BAR & GR	RILL
ADDRESS 1082 DAVOL STREET		
CITY/TOWN: FALL RIVER	STATE: MA	ZIP CODE: 02722
MANAGER: MASCIA, JOHN TYPE	E OF LICENSE: Res	category: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISE		
RESTAURANT & BAR ON 1ST FLR W/I BUILDING W/EXITS AT THE REAR AN SEPARATE ROOMSEASONAL OUTDO BUILDING	ND LEFT HAND SII	DE OF BUILDINGSTORAGE IN
I hereby certify and swear under penalties of	of perjury that:	
1. the renewed license will be of the		_
2. the licensee has complied with a		_
3. the premises are now open for b	usiness (If not expla	in below)
SIGNED BY Individual, Partner of	or Authorized Corpor	orate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		<del>-</del>
DATE:		